

Chapter 23: Good bye South Africa (1988-1990)

On my return from Leeds to Johannesburg, little Dan did not recognize me. "This is your *Aba!*" he was told

Back to the JG Hospital and GAG, who, after savoring a six-month interval without Schein, was finding it hard to re-adjust to my re-appearance.

The well known tensions, so common between teachers and their up-and-coming protégés, were mounting: not only was he constantly criticizing my alleged deviations from certain surgical routines— which in his eyes were considered "holy" — but he also expressed unhappiness with the type of papers I was writing. "Physiological scores? APACHE II scores? Who needs such *kak?* You want to assess a patient? Just look at him." And GAG may have been right.

From what I suffered most, however, was GAG's "weekend syndrome". For unknown reasons, GAG often developed foul moods on weekends and the best remedy for them was to operate on something or on anything. It was probably the act of surgery which produced a surge of soothing endorphins—for the surgeon, not the patient—which calmed his mind. On my weekends off he would round on Sundays; and on Monday I would find my patients, whom I was preparing for semi-elective procedures, already after the operation. I clearly remember a patient with a controlled leak from his duodenal stump after a partial gastrectomy; I managed him non-operatively and hoped for a spontaneous recovery but on one of his black Sundays GAG took him for a re-gastrectomy. Only a surgeon knows how it feels to have your own patient undergoing a re-operation by another surgeon without your consent.

One Saturday morning, before the grand departmental meeting at the medical school, the situation exploded. Atypically, GAG was five minutes late for the rounds and when he appeared — a button missing in the top piece of his white safari suit and some shaving cream drying in his right ear—I could sense the gathering storm. He rushed from room to room, irritably criticizing the interns and registrars, and sarcastically rejecting my comments. But it

was an elderly lady admitted just an hour before the rounds —abdominal pain, low blood pressure, borderline peritonitis, the “non specific” belly crying “I have dead bowel”—which triggered GAG’s terminal explosion, now directed towards the house staff. Without uttering a word I left the room and marched towards my car. Ten minutes later I was paged: “GAG wants to see you.” I turned around. He closed the door behind us in the doctors’ room and hissed —GAG never raised his voice: “Why did you leave the round, without saying anything? What’s the source of your resentment towards me?”

“No resentment, I simply can’t tolerate your attitude. For example, how you acted today towards the resident, the interns, it wasn’t fair, they didn’t have time to assess that lady properly.”

“You don’t understand,” GAG stopped me in mid sentence, his pale eyes desperately burning through mine, “you don’t sense how stressed I am in front of a sick patient.” I can’t help it —that’s how I am, his eyes added.

I am not sure whether I understood him then — later I did — but I perceived that I have to move on. GAG had made me a surgeon and gave me whatever he could but now there was no space for both of us in his little kingdom. Luckily, at that time, a head of a unit at the Hillbrow Hospital announced that he was leaving to private practice. I expressed an interest in this position: a month later Myburgh announced my nomination.

* * * * *

Eight a.m. I was in the elevator, together with a bunch of medical students. This was my first day at the Hillbrow Hospital. “To which unit were you allocated?” asked one of the male students, “we are in Prof. Bremner’s.”

“We are in Mr. Schein’s unit,” replied the two female students. I smiled to myself. *Mr. Schein’s Unit*, it sounded so good. I could hardly believe my own ears—eight and a half years in Johannesburg, nine and a half years after medical school, and now, at the age of thirty-eight, I was the boss. At last free. But fate decided that my “freedom” would not last long; however, the

almost two years spent in Hillbrow Hospital are engraved in my mind as the best period in my surgical life.

The Hillbrow Hospital was actually what previously had been the "Old Johannesburg Hospital" —the main University Hospital before it had moved to the monstrous building on Parktown Ridge. It later became the urbane hospital for "non whites"—serving the blacks that dwelt and worked in the city. It was considered an upgraded, more civilized, albeit smaller, version of Baragwanath Hospital. Its colonial stone buildings were situated in the middle of Hillbrow, then, a sort of declining mini-Manhattan: apartment buildings, restaurants, shops, cafés, bordellos, and night clubs. In 1989 Hillbrow was still formally a "white zone" but the illegal invasion of colored and black people from the townships had already started. Today, I am told, Hillbrow is a strictly "non white" area controlled by armed hordes of the Nigerian mafia—a war zone.

My unit treated an average of sixty in-patients at all times and was on "intake" every third night. The other consultant—my "deputy"—was the charming Jim Howell: a tall, white haired, red faced ageing surgeon, twenty five years my senior, who had come to Johannesburg after a long surgical career on the gold mines up in Zambia. If one would want to find a character for a book or movie about an old colonial British surgeon Jim would be the ideal candidate. He was immensely experienced—he had seen and done everything—well read and knowledgeable. Jim was tired of operating, but his enormous hands were still steady—despite a steady consumption of Scotch—and there was not a better assistant than him—calm, patient, active, supportive, humorous —at times hilariously funny. An example: during a ward round, we got to a female "colored" patient sitting on a wooden chair next to her bed. From her looks, her make-up and her cheap jewelry she was unmistakably a Hillbrow prostitute. She also had had her incisor teeth removed— a common practice in the profession, supposedly meant to enhance fellatio skills. Jim wanted to examine her abdomen; he said, dryly: "could you hop on the bed, dear, and lie down, a position that you are, no doubt, most accustomed to." No procedure, however major or new, or

threatening, was scary with Jim's hands exposing the operative field and his calming voice suggesting, for example: "OK Moshe, we did enough, let's just leave here a few swabs, let's go for tea." One of his mottos was: "Never finish an operation during which more than half of the patient is sent for pathology." Many years passed since I had last heard from Jim, or about him. To me, this modest, kind and funny man was a surgical giant.

My unit had three registrars: two rotating and one, the most senior, was permanent. The latter was Angelo who had emigrated from Italy. (I mentioned Angelo in "*Life means nothing behind the green wall*", in the stabbed heart scene, which I "moved" from Hillbrow to Brooklyn). He proved hard working and loyal, a dexterous surgeon and of solid mind. His ideas concerning the pancreas were original and translated to a few well-cited papers. Angelo, a classical espresso-plus-a-cigarette- per-minute Italian, was however not too fond of the English language and while completing the equivalent of two residencies he did not care to write any examination. Consequently and unfortunately this well trained surgeon is today a general practitioner in Johannesburg.

These were great surgical years—we did anything and everything: massive thyroid goiters, esophagectomies, giant abdominal tumors, mesoatrial shunts, vascular procedures and of course lots of trauma and other emergencies—it was my last opportunity to savor the pleasures of the real traditional "general surgery" before moving to the lands where general surgery has become fragmented to multiple sub-specialties.

* * * * *

Meanwhile Moses, our gardener, did very well for himself. He was now fully booked—tending the gardens of many of Roger's friends and ours. In his modest shed, behind Roger's house, he accommodated a continuous stream of black maidens; like many young, and older, blacks he did not know what this might, sooner or later, bring. Then, one day, while crossing the main street of Melville, a fast car hit Moses; he flew 50 meters in the air and landed, on his head, on the opposite pavement. I did not know about the accident and thus was surprised, on the next morning rounds, to find Moses

connected to a ventilator—a tube sticking out of his mouth—lying on the first bed in my unit's male ward. Severe head injuries—there were so many of them—were treated by us general surgeons, on the floor, by supportive means only. We managed Moses very carefully and four weeks later he emerged from his deep coma, recognized me and smiled. A fortnight later I drove him home. Anyone who had known Moses from before now claimed that the severe blow to his head did something to improve the synapses in his brain and thus his intelligence. However, Roger and myself managed to classify him as "permanently brain damaged" which earned him a life long government pension to supplement what he earned gardening, an occupation to which he returned with great vigor.

One sunny late winter Saturday morning as I was leaving the Medical School I saw a tall white haired black man, surrounded by a group of younger blacks, walking in my direction on the plaza. Even from the distance I immediately recognized him for his image then repeatedly seen on the TV and newspapers. As I passed him I nodded politely and said "good morning," and continued walking. But he stopped me: "Doctor, Sir, would you be so kind to show us the way to the hospital, we are lost?" That famous, soft but strong and confident voice and warm smile. "Sure," I said, "just follow me please," and I turned around leading him to a short cut, through the medical school to the hospital. I was pretending not to recognize him—as if I would make such a long detour for anyone. But the tall man chatted to me, asking questions: my name, what was I doing, where did I live, my long term plans. The others were following us in a respectful distance. Finally we arrived into the hospital's main corridor. "Here you are Sir, from now on you can't get lost." The tall man smiled down at me, grasped my hand with his, large and warm, and gave me a firm handshake and sincere thanks. Then he left, but I could still feel his immense charisma. The tall man, as you must have already guessed, was Nelson Mandela, just released (February 11, 1990) after 27 years of imprisonment. Although "protected" from the true picture by the State controlled, and censored,

South Africa media, we understood that huge political changes were knocking at the gates. After President P.W. Botha had been forced to resign, Frederick de Klerk took over, becoming the Gorbachov of South Africa: calling for the end of *apartheid* laws and freeing Mandela. South Africa was changing rapidly —what about us?

The exodus of whites —a constant trickle during the later part of the 1990's— now reached significant proportions. Anybody who had where to emigrate, and the means to do so, seemed to be leaving—people knew what happened to Rhodesia after it had become Zimbabwe. Hence, the value of property plummeted. So we asked ourselves again? Should we leave now and where to? The answer was provided to us unexpectedly: my mother in Haifa was diagnosed with a metastatic cancer and needed close support. Moreover, my friends called from Haifa about a promising position.

We sold our Melville dream house at great loss, divided our furniture among friends and shipped a few boxes of books and paintings to Haifa. It was early summer and we organized a few parties in our garden to bid farewell to the good friends (e.g. Hatchuels, Meisters, Frohlichs and others) we had made in that lovely country. It was indeed a lovely country; how can one forget the beaches of Natal, the deserts of the Cape, hiking in the Drakensberg mountains, weekends on a lonely *Highveld* farm, the cozy Victorian hotels—six a.m tea with milk served in your room, or country inns—a black waiter taking your order and rushing to the kitchen with his finger on the relevant entry on the menu. A lovely country that however never captured my heart; perhaps because I could not bond emotionally with, or lacked empathy for, the cause of any of its communities and factions. Thus, over eleven years, South Africa never had become to me—what America eventually did—a second home away from home.

Do I have any guilt feelings for benefiting from the *apartheid*—enjoying the good life, while the “blacks suffered”, and learning how to cut by cutting on blacks? This is a surgical memoir; hence I avoid concurrent politics as much as possible. Often, however, I reflect on how we tend to be

callous and impervious to the suffering of those around us; we bury our heads like ostriches and continue with our daily lives. I admit —we did the same. But what could we have done? And, we saved many black lives—significantly more that we killed while “experimenting” on them.

Traditionally, when consultants were leaving the University Department in Johannesburg, a farewell party would be organized in their honor—but not for me. I never found out why. A year later Myburgh secretary wrote to ask for my picture, to be added to those decorating the department’s corridors. I was told that it still hanging there.

We sold our cars to our handyman Johannes and German friends—both were stolen within a month— this was the emerging face of the new South Africa. And I cannot forget Moses’ face when I opened before him my cupboard and told him, “take anything you wish” —I did not have any use for suits and dress shirts in Israel. Now Moses turned out to be the best-dressed gardener in Johannesburg, but for how long? The AIDS epidemic has since destroyed his generation of urban, promiscuous —way of life for them— South African blacks. Moses’ fate is unknown to me.

* * * * *

We booked an EL AL flight to Tel Aviv for the fourth of January 1991. However, already in December 1990 the Americans and their allies had deployed over half a million troops on the Kuwaiti border, facing the Iraqis—the Middle East was set for war. A few months previously the newspapers had reported Saddam Hussein’s threats to destroy "half of Israel" if it attacks his country. We knew that gas masks were being distributed to the entire Israeli population. “Shouldn’t we postpone our departure? Do we need to voluntarily fly into the war zone?” asked my sensible Swiss Wife.

“Come on, what war? There is always some war in this region. You cannot avoid all of them,” replied the nihilistic, fatalistic Israeli in me. “Do you want us to cancel everything because of this fucking idiot Saddam?!”

A tremendous summer storm flooded the streets of Johannesburg when Roger and David were driving us to the airport, the dog and cat included. The midnight flight to Tel Aviv was almost empty. The pale winter

sun was high over the stumpy hills of Judea when the Boeing arriving from the south flew low over Jerusalem and then approached, eastbound, to Ben Gurion airport.

The great Greek poet of Alexandria, Egypt, Constantine P. Cavafy, wrote in the poem Ithaca: "Always keep Ithaca in your mind; To arrive there is your ultimate goal; But do not hurry the voyage at all; It is better to let it last for many years...".

Were we arriving in Ithaca too early?

* * * * *



Hillbrow, Johannesburg



Best friends in Johannesburg: Estelle and David Hatchuel