*Dear friends,*

*I have written about 600 pages concerning my medical training and medical career. Via Trevor, I will be sending you intermittently chapters of what I have written. The book has been written roughly in chronologic order. The book is still in rough draft and editing will need to take place before publication. It is possible that Trevor will include the chapters related to our Medical School training on the web site. I hope that what I have written will stimulate you to share your stories. Simply ‘reply to all’.*

*With best wishes,*

*John*

**The Only Blood Sport without a Closed Season**

**Foreword.**

This book has been slowly written over about six years, partly while I was working and partly after I retired.

I have been fortunate during my forty plus years in medicine to have been exposed to many interesting colleagues, patients and stories. Some of these stories were second-hand and heard in the surgeon’s lounge, such that I initially wanted to term the book “Doctors War Stories,” reflecting on what many soldiers do when they get together and reminisce on their experiences – they get embellished. But as I started writing about my experiences, I realized that most of my stories I were going to relate were my own – they have not been embellished, so how can I title the book in this manner. So, what was I going to title the book?

I have always been reminded of a book that one of my nurses shared with me. I do not remember the title of the fictional book, as I was only shown the first sentence in that book; described by a woman who had obviously been jilted – “all cardiothoracic surgeons are bastards.”

Cardiothoracic surgeons are unique. Universally, they are hard working. They do not complain about long hours, they are always endeavoring to stretch the envelope, they are knowledgeable about what others are doing in the profession, how their own results shape-up against those of others. They are knowledgeable about history of the specialty, the surgical characters that shaped our profession, the research and endeavors of our mentors, and how the first patients of those mentors did.

In most instances the characters of my fellow cardiothoracic surgeons were odd, so I am not surprised with the first sentence in the book the nurse shared with me. Most cardiothoracic surgeons are demanding of others, narcissistic, egotistical, opinionated and difficult to get on with; they have character traits that a clinical psychologist could easily compartmentalize. I have worked with and met many surgeons that have these traits. I would like to think that I do not follow the pattern of my fellow surgeons. I have been told that I am not typical of a cardiothoracic surgeon, but I am sure that I do have some of these described traits. I will leave you, the reader to decide

After much soul-searching thinking about the title of the book, I decided to name it after a phrase that my mentor Ben Le Roux once mentioned – ‘surgery is the only blood sport that does not have a closed season.’ I am not being flippant, nor wish to characterize cardiothoracic surgeons as people in the same manner as hunters, but I am trying to convey what drives people to be cardiothoracic surgeons. There is certainly a lot of blood visible and lost during cardiothoracic surgery, but during the procedure blood collected by suctioning is retrieved and washed and returned to the patient. Net loss is minimized as much as possible. Dr David Morrel when he has working at the University of Cape Town before moving to Johannesburg as Head of Anesthesiology, stated during the debates that took place during the early AIDS epidemic whether surgery should be undertaken on patients who were HIV positive, “that cardiothoracic surgeons be classified in the same group as prostitutes, given the risk to the disease that they were exposed to while dealing with large amounts of blood.”

Having dealt with the blood issue what about the hunting issue? The feeling is somewhat difficult to describe just as it is difficult to describe why people love hunting. I can understand hunting to survive and to put food on the table and I have experienced the high of shooting my first deer, but after hunting a few times, I wondered what the hype was about? Today, we have high-powered rifles with telescopes that make the poor defenseless target appear close, lured within range by a scattering of corn in a carefully designed lane of fire maintained between trees and brush over which the hunter, within his stand, has a commanding view. Many hunters would be dismayed by my characterization. Despite what I have said hunters religiously prepare their equipment and hunt every season and get intense enjoyment in what they do and brag about over the evening campfire.

Mark Twain commented, “differences of opinion make horse races.” Anyone who has been to a day at horse races will understand what he meant. The race invariably starts in the far distance with most people not able to see the action in detail until the last 10-20 seconds. And the day at the races continues in similar fashion with further similar races taking place every twenty to thirty minutes. But the day is not boring. It is enjoyable because people opine between the races on form, the name of the horse, the color of the uniforms, etc. And so, it is with hunting. It is my view that the reason most enjoy hunting in the USA is the feeling that goes with the process. I have been fortunate to attend one Safari Club International Convention where I was astounded at the size of the exhibit area, the quality of the taxidermy, the social aspect as well as how much people were willing to pay for a tag to shoot a particular breed of bighorn sheep, with no guarantee of success. This convention is the pinnacle of the hunter’s hype. But hunting, in order that “the sport” survives is an intermittent one. If hunting was a daily occurrence, the quarry would no longer exist, and the sport would die a death of one’s own making.

The high that the cardiothoracic surgeon gets is that of a job well-done, the satisfaction of relieving a patient of pain, of shortness of breath, of improving the patient’s chances of defeating cancer, of making a blue baby pink, of taking out a diseased organ and replacing it by a healthy one. These are the highs that a cardiothoracic surgeon experiences every day. Johan Brink, a colleague who worked with the Barnard brothers, told me that he remembered vividly Marius Barnard taking his gloves off after completing an operation and saying, “I did a good operation today. They should clone me.” This is the “high” and satisfaction that the cardiothoracic surgeon gets. It is his sport.

I enjoyed every day in my profession. Herein follows my recollections of medical school, of training and of some of my patients to whom I have intense regard. There are a few stories of others. I hope you will enjoy what I have written and understand why ‘there was never a closed season.’