Letters to the Editor

Re: The Living Dead

Having traveled to Laos 10 times, I consider it my second country, and have learned a great deal about their traditions and spiritual beliefs. I thank Dr. Putsch for adding to my knowledge regarding reburial of the dead as therapy for the living (*The Pharos*, Spring 2018).

Reburial is an ancient tradition in many cultures. In first century Judea, a year after the burial the bones were collected and reinterred in so-called bone boxes. It may not have been therapeutic, but it certainly kept the deceased alive in the family's memory. Interactions between the living and the dead are practically hard-wired into humans.

In Catal Hoyuk, the earliest known Neolithic town, the dead were buried inside the home. Periodically a selected deceased would be exposed and the skull removed and displayed. The walls around the burial had paintings, often of vultures with headless figures between them. Archeologists originally thought the vultures were scavenging the bodies. However, the bodies were buried intact and the skulls cut off, and vultures do not remove bony parts. Most tellingly, the vultures are always pictured with their wings spread—an eight foot wingspan. They are clearly in flight as are the headless human figures between them. They are the shades/spirits of the dead rising up with the bird that goes higher than any other. As a sculpture from Gobekli Tepe (oldest religious structure) shows, birds (and spirits) also come back down. Hence the skulls, a safe familiar place to inhabit and not a living person. Spirituality has also been intertwined with healing throughout history. Think of the healing deities—Aesculapius and Gula (Sumerian). Modern scientific thinking and language emphasizes observable physical structure and processes. It can dissect the human brain, but has not yet figured out the human mind. Hippocrates is considered the founder of modern scientific medicine because he recognized disease was due to natural forces, not the gods disfavor. But he also said to study the person, not the disease to learn their story.

Because of my knowledge and experience in Southeast Asia I was able to quickly diagnose a woman with multiple somatic complaints. She had no significant medical history, but had recently missed an appointment with the travel clinic and rescheduled. Given her last name, the only question I asked was if she was thinking about going back to Vietnam. She was, but her husband did not want her to go. As physicians we want to cure people of disease, but what many suffering people need is processing the past that is alive in them, so to heal you must know their stories.

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Reflections on my white coat

In reading Dr. Nardone's article on the doctor's white coat (*The Pharos*, Summer 2018), I began to reflect on my own. And, more to the point, on the changes it took on as my career tumbled along its inglorious, delightful path.

I recall my first white coat, hung on my shoulders at that solemn ceremony years ago, coveted for so long and at last proudly worn, it warmed me to my soul. When I was at last released into the wards it would hang heavily-laden as pockets overflowed with gauze, pilfered lidocaine bottles, student manuals, the pocket version of some medieval clinical reference, and a coiled stethoscope ready to strike at some poor, unsuspecting patient.

Soon—but not soon enough—it would be traded for a longer coat, at first carefully laundered and ironed, but, like my own frazzled intern psyche, my intern's coat soon resembled the wrinkled, blood-stained, frayed garment of a homeless hoarder, more often slept-in than washed. It sagged with patient lists, half-read (one-fourth understood) scientific articles, consent forms, my stethoscope (now rarely used), my surgical case log booklet (chronically behind by three weeks), the ever-useful 2-0 silk on a Keith needle, and other sundry survival tools such as breath-mints and some barely edible protein bar. As residency progressed, I was able to shed my baggage significantly, no longer having to be in more than two places at once. My spine, conditioned for years by carrying such loads, now righted itself and I may have been accused of puffing out my chest too much. Not so, I would argue, you were merely witnessing a man slowly divesting himself of the weight of surgical training. I was merely stretching.

And then, at last, the attending's coat. Professionally laundered and pressed, starched, and gleaming and carrying little but business cards, yesterday's and today's patient lists, and a few token reminders of my success…a gifted pen and a surgical society pin on my lapel. But look closely, and you might see a little something more. The faded stains of past experiences, sauces of good meals rushed, a folded invitation to another event I'll likely miss, the faint ghost of someone's blood. I don't know whose. A few ghosts, I guess, embedded in the starched white of the coat I now wear.

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