Abstract

Henry Norman Bethune was a physician and surgeon from Canada. He had a highly impressive medical career in Montreal but did his most important work in China where he cared for soldiers on the battlefield. He died in 1939 and was recognized as a hero, but only much later received recognition in Canada. He was a skilled doctor, both as a physician and as a surgeon. However, he was much more and will serve as an inspiration for this series. He was an innovator, an idealist and a perfectionist. It is hoped that this series will gather expert commentaries on a range of issues critical to the subspecialty from fundamental science to clinical care so that future directions can be defined.

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INTRODUCTION

Developing this new editorial feature presents a challenge, but also an important opportunity. There is a broad range of critical issues that gastroenterologists must deal with on a daily basis. Some relate specifically to fundamental scientific aspects of our specialty as well as clinical elements of “cutting edge” patient investigation, treatment and ongoing care, particularly for chronic illnesses. Several subspecialty journals in gastroenterology, hepatology and nutrition already provide new and updated information, from time to time, on many of these issues. Although being informed about the past and present state of knowledge is very important, there is also an increased need to visualize, even speculate about future directions in all of these related fields. It is hoped that this column will help to share such insights through editorials from individual experts focused on specific areas of our discipline.

Other critical areas include the impact of industry and the role that different global or multinational corporations already have in our subspecialty, especially those involved in the production of new pharmaceuticals as well as biological agents. In addition, there are ongoing changes and developments in endoscopic technology and imaging devices that will continue to impact our highly procedure-driven specialty. Moreover, there are critical concerns related to manpower needs to screen for different forms of cancer. Finally, there are demanding needs in developing nations to provide optimal care in our subspecialty. This journal is unusual in its absence of advertising and will certainly provide a different setting for evaluation of many of these issues. Leading experts in the new frontiers of our rapidly expanding discipline will contribute updates in their field along with their insights. Candid editorial comments on the present state of knowledge, controversies, and, perhaps, their predictions related to the future will be encouraged.

BETHUNE

At McGill University in Montreal, it seemed customary during my student years for each new medical class to
become informed about the important efforts of many outstanding physicians that preceded our own experience. Like many other schools, their photographs and sculptures adorned the hallways of the medical school buildings. This feature of the curriculum probably had many purposes, including the development of a form of local pride for the contributions that these early faculty made to clinical and investigative medicine. Some, intimately linked to McGill University, seemed very impressive, including William Osler and Wilder Penfield. Many in my class, however, were most intrigued with the exploits of a rather curious Canadian physician, Henry Norman Bethune, who had a most amazing career ending with his final months in China. His life was first revealed to us in a low budget black-and-white film. Later, it appeared on an almost annual basis, witnessed by our own class, the result being that it seemed to become indelibly imprinted on our brains. Perhaps, in retrospect, this was done purposefully, before and during our initial clinical exposures and encounters on the wards where these ancestral giants had actually worked and toiled in previous times. We were being inspired.

Bethune was born in Gravenhurst, Ontario in 1890. He entered medical school at the University of Toronto, and then spent time as a stretcher bearer in a field ambulance unit for the Canadian Army in France in 1915. In the interim, his medical studies were temporarily interrupted, but eventually, he graduated in 1916. He was reported to have suffered a severe bout of pulmonary tuberculosis leading to surgical treatment using the technique of surgically-induced pneumothorax. This experience inspired his interest in surgery, particularly thoracic surgery.

He eventually came to Montreal and became a member of the McGill Teaching Faculty where he served on the surgical team at the Royal Victoria Hospital. There, he personally developed over a dozen new surgical instruments, including the Bethune Rib Shearer. Remembered by some for his intellect and surgical inventions, Bethune was also a realist, almost painfully so. In spite of a highly impressive career in Montreal, he became very disillusioned as many of his own patients, especially the poor, often re-developed tuberculosis after treatment. In large part, it seemed to Bethune to be due to their almost immediate return to their former poor living conditions after discharge from hospital. As a result, he developed a persisting passion for socialized medicine and, at this early stage in his career raised the issue of universal health care. As time has shown, however, he was a true revolutionary and, initially, was clearly not popular with his medical colleagues in Montreal. Indeed, in Canada, socialized medicine in its current form did not actually appear for almost another half century.

After visiting the Soviet Union, Bethune joined the Communist Party of Canada in 1935. During the Spanish Civil War in 1936, he worked on the Republican side against the Fascists, organizing the first mobile blood transfusion unit and treating battlefield injuries. In 1938, he joined the Chinese army of Mao Tse-Dong and the Communist Party during the Japanese invasion of China. There, he went to Yenan in 1938 and formed the first mobile army surgical hospital (MASH) unit that was carried on mules. Bethune performed numerous surgeries in the Taihang Mountains. He worked with tradesmen to develop new surgical instruments and trained physicians and nursing staff. Bethune died in November 1939 in Tanghsien (Tang xian County), Hopei, during the Sino-Japanese War, apparently of sepsis reported to have resulted from an accidental wound suffered during a surgical procedure without surgical gloves. In December 1939, Mao Tse-Tung (Mao Ze-Dong) wrote an essay entitled “In Memory of Norman Bethune” and concluded:

“...We must all learn the spirit of absolute selflessness from him. With this spirit everyone can be useful to the people. A man's ability may be great or small, but if he has this spirit, he is already noble-minded and pure, a man of moral integrity and above vulgar interests, a man who is of value to the people...”

Although Bethune became well known in China, recognition in Canada came only decades later, even after a medical school had been named in his honor, located in Jilin. In 1976, the Bethune Memorial House, a National Historic Site in Canada, was dedicated in Gravenhurst, Ontario. In 1990, a biographical film entitled “Bethune: The Making of a Hero”, starring Donald Sutherland, was produced as a joint venture that included Telefilm Canada, the Canadian Broadcasting Corporation and China Film Co-production. During the same year, Canada and China each issued two national postage stamps, identical in design, to honor Bethune. In 1998, Bethune was inducted into the Canadian Medical Hall of Fame. In 2006, China Central Television developed a 20-part drama series directed by Yang Yang, entitled “Dr. Norman Bethune”, reported to be the most expensive Chinese television series ever produced.

LOOKING FORWARD

This new editorial section, The Observer, will be dedicated to Henry Norman Bethune and his important contributions as a Chinese doctor. Bethune became a hero in China, not only because he was a very good physician and a skilled surgeon, but also because he was an innovator, an idealist and a perfectionist. These qualities seem especially important today in gastroenterology. It is sincerely hoped that this new journal column will be able to gather expert commentaries on a range of issues critical to the subspecialty from fundamental science to clinical care. Here, it is hoped that current specialty data can be deciphered and its future directions defined. The spirit of this man must be carried forward.