

HUMANITIES IN MEDICINE

John McCrae's Message to Us

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**"If ye break faith with us who die
We shall not sleep, though poppies grow
In Flanders fields."**

December 8, 2015, marked the 100th anniversary of the publication of "In Flanders Fields," the most famous poem of World War I. Printed anonymously in *Punch* magazine, it told in three stanzas the story of the carnage of war through the voice of its silent victims: the fallen soldiers. It was a poetic attempt to provide meaning to what appeared so utterly meaningless, and it immediately resonated. In just a few years it transformed the poppy—the beautiful image of its opening lines—into an enduring symbol for both remembrance and oblivion. It was, in fact, an ode to death by a Canadian poet, physician, and soldier so accustomed to loss to be almost in love with the night.

John McCrae first experienced mortality when only 20 years old. Taking a break from college because of medical problems, he fell in love with a young girl of 18 before soon losing her to typhoid fever. He was never to marry, and death was to become the protagonist of 24 of his 29 published poems.¹ As he wrote to his mother, "Perhaps it is because I was brought into nearer connection with death that I have ever been before, that I think so much about it."²

Outwardly McCrae appeared gregarious, social, and even prone to humor, yet he harbored a sadness rooted in the awareness of how fleeting—at times even meaningless—life can be. In fact, only two of his poems make clear reference to an afterlife,³ which is odd since he had been raised in a strong Presbyterian tradition and his grandfather was a minister. Hence, "In Flanders Fields" can be

read not as much as a call to arms—as many first interpreted it, to the point of using it for Canadian War Bonds—but as a plea by the dead to the living to not let them die in vain. That thought must have been on the minds of so many Great War soldiers, perhaps explaining why this poem became so popular. After all, in Steven Spielberg's *Saving Private Ryan*, the dying captain Miller makes the same plea, "Earn this...earn it."⁴ In this regard, "In Flanders Fields" is not about those who suffered—it is about those who were spared suffering.

McCrae wrote the poem after seeing his brigade almost wiped out by gas at Ypres. Then, ten days later, a German shell killed a beloved Canadian officer. Alexis Helmer was only 22 at the time, had just graduated from McGill University, was engaged to be married, and was literally blown to pieces. Just before the bombing, his last words had been, "It has quieted a little and I shall try to get a good sleep."³ Afterwards, the only intact thing his comrades found was the picture of the sweetheart he was to marry. McCrae, also a McGill man, had befriended the lad and thus was touched by the absurdity of his death. He asked to perform his friend's burial service and that evening went back to his dressing station, tending the many wounded and dying. The following morning, May 3, 1915, he was seen walking at dawn to a field ambulance near the small cemetery where Lieutenant Helmer had been laid to rest. There, sitting on the ambulance back steps, he produced in less than 20 minutes his famous poem.⁵ He was 42 years

old and soon fell into a dark despair from which he never recovered.

As Harvey Cushing noted years later, "Since those frightful days he had never been his old gay and companionable self."⁶ He started taking long rides on his horse, all alone except for the company of his dog. Then in January 1918, just after being promoted consulting physician to the First British Army, Colonel McCrae entered the military hospital of Wimereux with pneumococcal pneumonia. To friends who tried to encourage him, he replied that he "knew it was the end." Meningitis developed two days later, then coma, and on January 28, 1918, he was dead.

Cushing, who attended the funeral, wrote in his diary, "Some of the older members of the McGill Unit who still remain were scouring the fields this afternoon to try and find some chance winter poppies to put on his grave—to remind him of Flanders where he would have preferred to lie."⁶

Although McCrae was gone, his poem lived on. It's on the Canadian \$10 bill and a Canadian stamp, and it even earned its author induction into the Canadian Medical Hall of Fame.⁷ In fact, it still resonates 100 years later because we all hope not to have lived in vain, we all desire to make a difference, and we all wish to be remembered.

Physicians have the privilege of touching so many lives that it's no surprise the poem came from a fellow doctor. McCrae was in fact the kind of doctor who makes us proud of being physicians, which brings us

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to why “In Flanders Fields” still matters to medicine—especially a medicine that wants to be humanistic.

Before 1910, medical education was inspired by the Franco-British model, wherein medicine was a spin-off of the humanities and solid humanistic schooling was considered essential for all students. McCrae’s education was indeed rooted in the liberal arts, and as a draftsman, poet, storyteller, member of the Shakespeare and Pen & Pencil clubs, singer in the choir, and traveler extraordinaire, he was exactly the kind of multifaceted physician the profession once produced in droves: passionately curious of everything human. Then the 1910 Flexner Report moved the curriculum to a German model, with an emphasis on the lab, the white coat, and the supremacy of science. As a result, doctors like McCrae have become increasingly rare. Medicine now holds the record for the profession with the highest suicide rate,⁸ a close to 50% burnout rate,⁹ dwindling empathy,¹⁰ and a disturbing tendency for physicians to quit.¹¹ What went so wrong in 100 years of medical triumphs? What did we lose along the way? Can McCrae teach us how to best extract meaning from pain, protect ourselves in the process, and comfort and relieve others even when we cannot fully cure them? If so, what were the traits that made him such a wonderful healer?

The first was undoubtedly competence. Trained by Osler in Baltimore and later at McGill, McCrae was the most “talented” Canadian doctor of his generation.¹² His appointment as consulting physician to

the British Army—the first Canadian to ever receive that honor—is a tribute to his outstanding capacities.

He was also compassionate and kind. As a friend later put it, “...through all his life...dogs and children followed him as shadows follow men. To walk in the streets with him was a slow procession. Every dog and every child one met must be spoken to, and each made answer.”³

Lastly, he was an educated man. Hence, the third ingredient of that unique mix called “a well-rounded healer” was—and still should be—culture. Curiously, culture is not as strongly emphasized today as compassion and competence, and yet it is the one ingredient whose presence was considered fundamental until the Flexner Report of 1910. Writing in 1902 about the “four great features of [our] guild,”¹³ Osler pointed out how medicine had to be the profession of a “cultivated gentleman.” And even Flexner included in his 346-page report an often-forgotten passage where he mentions the “varied and enlarging cultural experience” that he considered so important to the education of physicians:

“...the practitioner deals with facts of two categories. Chemistry, physics, biology enable him to apprehend one set; yet, he needs a different apperceptive and appreciative apparatus to deal with other, more subtle elements. Specific preparation is in this direction much more difficult; one must rely for the requisite insight and sympathy on a varied and enlarging cultural experience. Such

enlargement of the physician’s horizon is otherwise important, for scientific progress has greatly modified his ethical responsibility.... It goes without saying that this type of doctor is first of all an educated man.”¹⁴

Yet somehow being “cultivated” is no longer a tenet of the profession. Medical schools have become technical schools. The humanistic aspects haven’t been fully shed—we are still caring for human beings—but are now secondary in both undergraduate and postgraduate curricula.^{15,16}

Hence, John McCrae reminds us of what has been lost (and forgotten) in the well-justified rush to implement Flexner’s recommendations. He reminds us that being physicians ought to be something larger than being mere technicians. If this premise is accepted, then the next step is to recognize those personal traits that made people like him possible so that we can start recruiting for them and then nurturing them during training. If this premise is instead rejected, McCrae may still serve as an inspiring reminder to the younger generation of the kind of men and women that medicine was able to produce—and hopefully will produce again. After all, without the past there is no future.

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