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. 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.”

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, 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 not to 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.” 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.” 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 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.”

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. 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 continued on page 2
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, a close to 50% burnout rate, and a disturbing tendency for physicians to quit. 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.

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.

References

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