Abraham Verghese, MD, MACP, is Professor for the Theory and Practice of Medicine at the Stanford University School of Medicine and Senior Associate Chair of the Department of Internal Medicine.

Early Years
Born 1965 of Indian parents who were teachers in Ethiopia, he grew up near Addis Ababa and began his medical training there. When Emperor Haile Selassie deposed, he briefly joined his parents who had moved to the United States, and worked as an orderly before returning to complete his medical education at Madras Medical College. He later returned to the U.S. for his residency as one of many foreign medical graduates. Like many other foreign medical graduates, he found only the less popular hospitals and communities open to him, an experience he described in one of his early New Yorker articles, The Cowpath to America.

From Johnson City, Tennessee, where he was a resident from 1980 to 1983, he did his fellowship at Boston University School of Medicine, working at Boston City Hospital for two years. It was here that he first saw the early signs of the HIV epidemic and later, when he returned to Johnson City as an assistant professor of medicine, he saw the second epidemic, rural AIDS, and his life took the turn for which he is most well known—the caring for numerous AIDS patients in an era when little could be done and helping them through their early and painful deaths was often the most a physician could do.

First Books
Abraham Verghese's earlier work as an orderly, his caring for terminal AIDS patients, the insights he gained from the deep relationships he formed and the suffering he witnessed were intensely transformative; they became the basis for his first book, My Own Country: A Doctor's Story written later during his years in El Paso, Texas. Such was his interest in writing that he decided to take some time away from medicine to study at the Iowa Writers Workshop at the University of Iowa, where he earned a Master of Fine Arts degree in 1991. Since then, his writing has appeared in The New Yorker, Texas Monthly, Atlantic, The New York Times, The New York Times Magazine, Granta, Forbes.com, and The Wall Street Journal, among others.

After leaving Iowa, he became professor of medicine and chief of the Division of Infectious Diseases at Texas Tech Health Sciences Center in El Paso, Texas, where he lived for the next 11 years. In addition to writing his first book, which was one of five chosen as Best Book of the Year by Time magazine and later made into a Mira Nair movie, he also wrote a second best-selling book, The Tennis Partner: A Story of Friendship and Loss, about his friend and tennis partner's struggle with addiction. This was a New York Times' Notable Book.

Emphasis on the Physician-Patient Relationship
As founding director of the Center for Medical Humanities & Ethics at the University of Texas Health Science Center San Antonio, he brought the deep-seated empathy for patient suffering that had been honed by his previous experiences to his new role in the medical humanities.

He gave the new Center a guiding mission, "Imagining the Patient's Experience," to emphasize the importance of truly caring for the patient. He saw empathy as a way to preserve the innate empathy and sensitivity that brings students to medical school but which the rigor of their training frequently suppress. In San Antonio, also, he became more focused on bedside medicine, inviting small groups of medical students to accompany him on bedside rounds. Rounds gave him a way to share the value he places on the physical examination in diagnosing patients and demonstrating attentiveness to patients and their families, a vital key in the healing process.

Dr. Verghese's deep interest in bedside medicine and his reputation as a clinician, teacher and writer led to his being recruited to Stanford University in 2007 as a tenured professor.

Today, in his writing and his work, he continues to emphasize the importance of bedside medicine and physical examination in a time in medicine when the use of advanced technology frequently results in the patient in the bed having less attention than the patient data in the computer. His December 2008 article in the New England Journal of Medicine, Culture Shock: Patient as Icon, Icon as Patient, clearly lays out his viewpoint. In his book, Cutting for Stone, he also addresses the issue.

"I wanted the reader to see how entering medicine was a passionate quest, a romantic pursuit, a spiritual calling, a privileged yet hazardous undertaking. It's a view of medicine I don't think too many young people see in the West because, frankly, in the sterile hallways of modern medical-industrial complexes, where
Abraham Verghese
physician, author, educator

Abraham Verghese  Biography  Books  Articles  Medicine  Talks  Events

Interviews/Features  Q/A  Contact

Biography

Abraham Verghese, MD, MACP, is Professor and Senior Associate Chair for the Theory and Practice of Medicine at the Stanford University School of Medicine.

Early Years

Born in 1955 as the second of three sons of Indian parents recruited by Emperor Haile Selassie to teach in Ethiopia, he grew up near Addis Ababa and began his medical training there. When the emperor was deposed, Verghese briefly joined his parents who had moved to the United States because of the war. He worked as an orderly in a hospital before returning to complete his medical education at Madras Medical College. Both the civil unrest and this time as a hospital orderly were to make a significant mark on his life and work.

After graduation, he left India for a residency in the United States and like many other foreign medical graduates, he found only the less popular hospitals and communities open to him, an experience he described in one of his early New Yorker articles, The Cowpath to America.

From Johnson City, Tennessee, where he was a internal medicine resident from 1980 to 1983, he moved to the Northeast for a fellowship at Boston University School of Medicine, working at Boston City Hospital for two years. It was here that he first saw the early signs of the HIV
epidemic and later, when he returned to Johnson City as an assistant professor of medicine, he saw the second epidemic, rural AIDS, and his life took the turn for which he is so well known – he cared for a seemingly unending line of young AIDS patients in an era when little could be done other than help them through their premature and painful deaths. Long before retrovirals, this was often the most a physician could do and it taught Abraham Verghese the subtle difference between healing and curing.

First Books

Abraham Verghese’s early years as an orderly, his caring for terminal AIDS patients, the insights he gained from the deep relationships he formed and the suffering he witnessed were intensely transformative. They were the cumulative experience around which his first book, My Own Country : A Doctor’s Story, is centered.

Such was his growing interest in writing in the late 1980s that he decided to take some time away from medicine to study at the Iowa Writers Workshop at the University of Iowa, where he earned a Master of Fine Arts degree in 1991. Since then, his writing has appeared in The New Yorker, Texas Monthly, Atlantic, The New York Times, The New York Times Magazine, Granta, Forbes.com, and The Wall Street Journal, among others.

After leaving Iowa, he became professor of medicine and chief of the Division of Infectious Diseases at Texas Tech Health Sciences Center in El Paso, Texas, where he lived for the next 11 years. In addition to writing his first book, which was one of five chosen as Best Book of the Year by Time magazine and later made into a Showtime movie directed by Mira Nair, he also wrote a second best-selling book, The Tennis Partner : A Story of Friendship and Loss, about his friend and tennis partner’s struggle with addiction. This was named a New York Times’ Notable Book.

Emphasis on the Physician-Patient Relationship

He left El Paso in 2002 and, as founding director of the Center for Medical Humanities & Ethics at the University of Texas Health Science Center San Antonio, he brought the deep-seated empathy for patient suffering that had been honed by his previous experiences to his new role in the medical humanities.
He gave the new Center a guiding mission, "Imagining the Patient's Experience," to emphasize the importance of interactive patient care. He saw empathy as a way to preserve the innate caring and sensitivity that brings students to medical school but which the rigors of their training frequently suppress. In San Antonio, also, he became more focused on bedside medicine, inviting small groups of medical students to accompany him on bedside rounds. Rounds gave him a way to share the value he placed on the physical examination in diagnosing patients and demonstrating attentiveness to patients and their families, a vital key in the healing process.

Dr. Verghese's deep interest in bedside medicine and his reputation as a clinician, teacher and writer led to his recruitment to Stanford University School of Medicine in 2007 as a tenured professor and senior associate chair for the Theory and Practice of Medicine.

Today, in his writing and his work, he continues to emphasize the importance of bedside medicine and physical examination in an era of advanced medical technology. He contends that the patient in the bed often has less attention than the patient data in the computer. His December 2008 article in the New England Journal of Medicine, Culture Shock: Patient as Icon, Icon as Patient, clearly lays out his viewpoint.

In his novel, Cutting for Stone, he also addresses the issue.

"I wanted the reader to see how entering medicine was a passionate quest, a romantic pursuit, a spiritual calling, a privileged yet hazardous undertaking," he said. "It's a view of medicine I don't think too many young people see in the West because, frankly, in the sterile hallways of modern medical-industrial complexes, where physicians and nurses are hunkered down behind computer monitors, and patients are whisked off here and there for all manner of tests, that side of medicine gets lost."

Today, as a popular invited speaker, he has more forums than his writing to expound on his views on patient care. He talks nationally and internationally on the subject, in addition to talks and readings from his books.
Abraham Verghese

Birth Date: 1955

Known As: Verghese, Abraham Cheenan

Place of Birth: Ethiopia, Addis Ababa

Nationality: American

Occupation: Physician

Awards:

James Michener fellow, University of Iowa Writers Workshop, 1991-92; finalist for National Book Critics Circle Award, nonfiction category, 1994, selected as "one of the top five books of the year," Time. 1994, and winner of Lambda Literary Award for nonfiction, 1995, all for My Own Country: A Doctor’s Story of a Town and Its People in the Age of AIDS; James McGovern Award, American Medical Writers’ Association, 1997; Vanderbilt University Medal, 1998; Nicholas Davies Humanities Award, American College of Physicians, 2000; John P. McGovern Award, Duke University School of Medicine, 2002; grants from Eli Lilly and Co., Lederle Laboratories, Pfizer- Roerig, Smith Kline & French, Glaxo, ICI Pharmaceuticals, Coldwell Foundation, Texas Department of Health, and National Institutes of Health, Honorary Doctor of Science, Swarthmore College, 2001.

Personal Information:


Career Information:

Madras Medical College, Madras, India, intern at Government General Hospital, 1979-80; East Tennessee State University, Johnson City, resident in medicine, 1980-82, chief resident and instructor in medicine, 1982-83, assistant professor, 1985-88, associate professor of medicine, 1988-90, special fellow in pulmonary diseases, 1985-88, Boston University, Boston, MA, clinical and research fellow in infectious diseases, 1983-85; Texas Tech University, El Paso, professor of medicine, 1991--; Grover E. Murray Distinguished Professor, 2000-02; University of Texas Health Science Center, San Antonio, director of the Center for Medical Humanities and Ethics, 2002--.

Writings:

- (Editor, with S.L. Berk, and contributor) Infection in the Nursing Home. S. Karger (Basel, Switzerland). 1990.


Media Adoptions:

My Own Country was adapted as a television movie in 1998.

Sidelights:

Abraham Verghese grew up in Ethiopia, but he left in 1973 because of that country’s political turmoil. He completed his medical training in India before traveling to the United States. There, his work in the 1980s with AIDS patients in Tennessee led him to become an expert in his field. Verghese’s experiences working on the cusp of the United States AIDS epidemic are chronicled in his memoir, My Own Country: A Doctor’s Story of a Town and Its People in the Age of AIDS. It was also published in England as Soundings: A Doctor’s Life in the Age of AIDS. The book was a popular and critical success, being nominated for the National Book Critics Circle, selected as “one of the top five books of the year” by Time, and honored with a Lambda Literary Award for nonfiction.

Perri Klass remarked in the New York Times Book Review: “The greatest strength of this eloquently written book is its ability to weave together all of its separate strands. It is at once a previously untold story of AIDS in America, a story of the South, a story of the modern-day immigrant experience in America and a story of a personal journey within the medical profession.” Klass also wrote that “Dr. Verghese illuminates a number of landscapes here, and does it with more than a touch of the poet. He writes, for example, about the life inside the hospital—but not just any hospital. His greatest affection is reserved for the patients and staff of the Veteran’s Administration Hospital, that perennial poor relation of the medical system; perhaps never has a V.A. hospital been written about with such glowing lyricism.” Klass then went on to note that “Dr. Verghese’s fondness for the people of small-town and rural Tennessee is a strong presence, as is his delight in the Smoky Mountain landscape.”

In another part of her lengthy review, Klass remarked that “ultimately, what is most remarkable about My Own Country may be that Dr. Verghese’s particular professional and geographic coordinates position him to witness, understand and narrate a new story about AIDS. This is the flip side of those more familiar stories, sometimes of human-interest features or made-for-television movies, the ones that start in the city with a young man getting sick and have him return to face either understanding or ostracism in some hometown or other.” The memoir, she found, “is about the hometown, drawing in its various far-flung children. Dr. Verghese chronicles the evolving attitudes toward H.I.V. as the town copes with the disease and people choose their moral and political positions on the plague map of the 1980’s.”
Verghe's next book, The Tennis Partner: A Doctor's Story of Friendship and Loss, is also a memoir. In this volume, the author chronicles his move to Texas Tech and the breakup of his first marriage. More importantly, he focuses on his friendship with his student, David, a recovering drug addict and former tennis professional. David and Verghe play tennis together, and the role of teacher and student is reversed on the court. Sadly, David succumbs to his drug addiction, and Verghe details this in his memoir as well. Praising the book in Publishers Weekly, a reviewer noted that "it's a hard trick but Verghe combines all these elements into a cohesive whole." Another Publishers Weekly contributor wrote that "this book transcends its purported sporting theme. It belongs in the library of the thoughtful reader, although it doesn't hurt if that reader also happens to be a tennis buff." According to Pico Iyer in Tane, "Verghe writes with such searching lucidity and is so attentive and engaging a figure that he could hold us just by describing his drives around town."

Breaking away from nonfiction in his next effort, Verghe wrote the novel Cutting for Stone. The book includes some autobiographical elements, however. It is set in Ethiopia, India, and the United States, with one setting being a hospital in New York City. The action takes place in the nineteenth century, featuring a nun who saves a doctor's life, though she later dies in childbirth. Her orphaned twin sons grow up to become doctors as well. Like Verghe's previous efforts, the book was applauded by critics. "The narrative is fascinating even as the story bobs and weaves with the power and coincidences of the best 19th-century novel," declared a Publishers Weekly reviewer. A New Yorker writer also commented on the plot's coincidences, finding that "Verghe bends history and coincidence to his narrative needs." Jennifer Reese, writing in Entertainment Weekly, called the novel "a lovely ode to the medical profession." She explained: "Verghe can write about the repair of a twisted bowel with the precision and poetry usually reserved for love scenes."

Verghe once told CA: "Writing has many similarities to the practice of internal medicine. Both require astute observation and a fondness for detail. I have found my writing to be particularly therapeutic as I engage in the practice of medicine in the era of AIDS. Over time, writing has become more serious and more rewarding."

"My great influences have been the work of authors such as Somerset Maugham and contemporary authors such as John Irving. I tend to write both fiction and nonfiction about themes that emanate from my line of work. In nonfiction I find it difficult to write about topics in which I am not actively involved; instead I write on issues where I can become, in some ways, a character in the story. My fiction, by contrast, is totally unrelated to most aspects of my life."

Related Information:

BOOKS


PERIODICALS

- Atlantic, June 1, 1994, Phoebe-Lou Adams, review of My Own Country, p. 135.
- Booklist, April 1, 1994, William Beaty, review of My Own Country, p. 1412; September 1, 1998, Wes Lukowsky, review of The Tennis Partner, p. 54.

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• Birth—1955
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Abraham Verghese is Professor and Senior Associate Chair for the Theory and Practice of Medicine at the Stanford University School of Medicine. He was the founding director of the Center for Medical Humanities & Ethics at the University of Texas Health Science Center, San Antonio, where he is now an adjunct professor.

He is the author of My Own Country, a 1994 NBCC Finalist and a Time Best Book of the Year, and The Tennis Partner, a New York Times Notable Book. A graduate of the Iowa Writers' Workshop, he has published essays and short stories that have appeared in The New Yorker, New York Times, Atlantic Monthly, and Granta. He lives in Palo Alto, California. (From the publisher.)

More
Abraham Verghese is the Professor for the Theory and Practice of Medicine at the Stanford University School of Medicine and Senior Associate Chair of the Department of Internal Medicine. He was born in Ethiopia to parents from Kerala in south India who, along with hundreds of Keralites, worked as teachers.

Dr. Verghese began his medical training in Ethiopia, but his education was interrupted during the civil unrest there when the Emperor Haile Selassie was deposed and a military government took over. He came to America with his parents and two brothers (his elder brother George Verghese is now an engineering professor at MIT) and worked as an orderly for a year before going to India where he completed his medical studies at Madras Medical College in Madras, now Chennai.

In his written work, he refers to his time working as an orderly in a hospital in America as an experience that confirmed his desire to finish his medical training; the experience had given him a first-hand view of patients' experience in the hospital with its varying levels of treatment and care. He has said the insights he gained from this work helped him "imagine the suffering of patients," which became a motto for some of his later work.

After finishing his medical degree from Madras University in 1979, he came to the U.S. as one of hundreds of foreign medical graduates, or FMGs, from India seeking open residency positions here. As he described it in a New Yorker article, "The Cowpath to America," many FMGs often had to work in the less popular hospitals and communities, and frequently in inner cities. He opted for a residency in a brand-new program in Johnson City, Tennessee affiliated with East Tennessee State University. He was a resident there from 1980 to 1983, and then secured a coveted fellowship at Boston University School of Medicine in 1983, where he worked for two years at Boston City Hospital and where he saw the early signs of the urban epidemic of HIV in that city.
Returning to Johnson City in 1985 as assistant professor of medicine (he later became a tenured associate professor there), he encountered the first signs of a second epidemic, that of rural AIDS. His work with the patients he cared for and his insights into his personal transformation from being "homoignorant," as he describes it, to having a understanding of his patients resulted a few years later in his first book.

Exhausted from the strain of his work with his patients, with his first marriage under strain and having by then begun to write seriously, he decided to take a break and applied to and was accepted to the prestigious Iowa Writers Workshop at the University of Iowa, where he earned a Master of Fine Arts degree in 1991. He had cashed in his retirement plan and his tenured position to go to Iowa City with his young family.

After Iowa, he accepted a position as Professor of Medicine and Chief of the Division of Infectious Diseases at Texas Tech Health Sciences Center in El Paso, Texas, where he lived for the next 11 years. Despite his title, he was the sole infectious disease physician for a busy county hospital—Thomason Hospital—for many years. His skills and commitment to patient care resulted in his being awarded the Grover E. Murray Distinguished Professorship of Medicine at the Texas Tech School of Medicine.

During these years in El Paso, he also wrote and published his first bestselling book, My Own Country: A Doctor's Story, about his experiences in East Tennessee, but also pondering themes of displacement, Diaspora, responses to foreignness and the many individuals and families affected by the AIDS epidemic. This book was one of five chosen as Best Book of the Year by Time magazine and it was later made into a movie by Mira Nair with TV Lost series star Naveen Andrews playing his role.

His second book, The Tennis Partner: A Story of Friendship and Loss, also written during his time in El Paso, is another eloquently written personal story, this time about his friend and tennis partner, a medical resident in recovery from drug addiction. The story deals with the ultimate death of his friend and explores the issue and prevalence of physician drug abuse. It also concludes the account of the breakdown of his first marriage, an integral part of the narrative in both My Own Country and The Tennis Partner. This book will be reissued shortly.

In 2002, Dr. Vergheese went to San Antonio, Texas as founding Director of the Center for Medical Humanities & Ethics at the University of Texas Health Science Center at San Antonio, where he focused on medical humanities as a way to preserve the innate empathy and sensitivity that brings students to medical school but which is frequently repressed through the rigors of their training. In San Antonio, besides developing a formal humanities and ethics curriculum that was integrated into in all four years of study, he invited medical students to accompany him on bedside rounds as a way of demonstrating his conviction about the value of the physical examination in diagnosing patients and in developing a caring, two-way patient-doctor relationship that provides benefits not only to patients and their families but to the physician, as well. At San Antonio, he held the Joaquin Cigarroa Chair and the Marvin Forland Distinguished Professorship.

His deep interest in bedside medicine and his reputation as a clinician, teacher and writer led to his being recruited to Stanford University in 2007 as a tenured professor.
In 2009 Verghese published *Cutting for Stone*, bringing him both critical and popular acclaim.

His writing and work continue to explore the importance of bedside medicine, the ritual of the physical examination in the era of advanced technology, where as he notes frequently in his writing, the patient in the bed is often ignored in favor of the patient data in the computer. He is renowned at Stanford for his weekly bedside rounds, where he insists on examining patients without knowledge of their diagnosis to demonstrate the wealth of information available from the physical exam.

Dr. Verghese has three children, two grown sons by his first marriage and a third by his second marriage. *(From Wikipedia.)*
Cutting for Stone Verghese

Focusing on the world of medicine, this epic first novel by well-known doctor/author Verghese (My Own Country) follows a man on a mythic quest to find his father. It begins with the dramatic birth of twins slightly joined at the skull, their father serving as surgeon and their mother dying on the table. The horrorstruck father vanishes, and the now separated boys are raised by two Indian doctors living on the grounds of a mission hospital in early 1950s Ethiopia. The boys both gravitate toward medical practice, with Marion the more studious one and Shiva a moody genius and loner. Also living on the hospital grounds is Genet, daughter of one of the maids, who grows up to be a beautiful and mysterious young woman and a source of ruinous competition between the brothers. After Marion is forced to flee the country for political reasons, he begins his medical residency at a poor hospital in New York City, and the past catches up with him. The medical background is fascinating as the author delves into fairly technical areas of human anatomy and surgical procedure. This novel succeeds on many levels and is recommended for all collections.
In Ethiopia, Coffee, Crepe

MY WIFE, GELILA, grew up in Addis Ababa, moving to the U.S. when she was 16. She still has family living there, but I always told her, “You go to Ethiopia—and I’ll go skiing.” That is, until last January, when I made my first trip there, with Gelilia and our two young sons, Alexander and Oliver.

I did not cook in Ethiopia—I just looked! And ate, of course, learning a great deal about the country’s culture through its food.

Family was a big reason for our visit. Gelila’s mother visits us often in California, but her grandmother had never met the children and was very excited to see them. We also went for a graduation. My wife has supported a school for orphans in a small village called Aleitu for the past 15 years, wanting to give back to the country where she grew up. When the school started, it was taking care of 21 kids. Now it looks after more than 600, who get three meals a day and a good education. Last year, the first high school class was graduating.

Aleitu is sort of in the middle of nowhere, and the residents live in round huts grouped together in threes and fours. They are very small—basically one-room houses—and families mostly cook outside over an open fire. The school looks like you might imagine, with cinder-block walls and a corrugated roof. There is a garden where the children learn about agriculture and farming.

I was especially interested in the kitchen where they make food for the kids. They cook on flat-top stoves that look like what you use to make crepes, set over wood fires. The cooks spread the batter—it’s a fermented dough—over the surface, to make a spongy flatbread called injera. When they’re done, the children eat the bread with their hands.

We spent some time in Addis Ababa, which probably looks like many other big cities in Africa. You have the mercato where you can buy almost anything live and have it butchered on the spot. The locals eat a lot of raw beef in kifto, which is like steak tartare but with melted butter on it. There is a traditional Ethiopian spice mixture that gives the beef a very distinctive, peppery flavor—I always added it to my tartare. One thing that amazed me was that you would often see the sides of beef sitting outside. Why not? When you go to Madrid and Barcelona you see hams hanging outside. They are cured, but still.

We ate the best at Gelila’s family house in Addis. Her grandmother is some 90 years old, and has two housekeepers who cook for her. We also experienced a coffee ceremony, which is a lot like the Japanese tea ceremony—full of ritual and beauty. Coffee is thought to have originated in Ethiopia, so it is a national drink and a source of pride. They slowly roast raw beans over a small charcoal stove in the living room. Then they
s and Antipasto

with a complex flavor. When you finish this tiny little cup, you get a second brew that is slightly less strong. And all the time, there is a lot of bowing and ceremony involved, as in Japan.

We are surprisingly excellent Italian food in Addis Ababa. Italy occupied Ethiopia for five years leading up to World War II, and today there are still a few Italian bakeries and restaurants. We went to an eatery called Ristorante Castelli, where an old guy was sitting behind the counter, speaking Amharic and Italian.

It was a treat for the kids because it was like being in a great old-style restaurant in Italy, with a whole table of antipasti. Good for me, too, because the food in Ethiopia is very similar everywhere you go—braised lentils, braised cabbage, lamb and raw beef. It all has an intense flavor, not hot-spicy, but with similarities to Indian and Moroccan food. They are very proud people, so you can't tell them their food tastes like Indian food. They say, “Indian food tastes like our food!”

As told to Sara Clemence

Mr. Puck is a chef and head of the Wolfgang Puck Fine Dining Group, Wolfgang Puck Catering and Wolfgang Puck Worldwide.
THE BEATING HEART DONORS

By Dick Teresi
IN 1968, THIRTEEN MEN GATHERED AT the Harvard Medical School to virtually undo 5,000 years of the study of death. In a three-month period, the Harvard committee (full name: the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death) hammered out a simple set of criteria that today allows doctors to declare a person dead in less time than it takes to get a decent eye exam. A good deal of medical language was used, but in the end the committee's criteria switched the debate from biology to philosophy. Before many years went by, it became accepted by most of the medical establishment that death wasn't defined by a heart that could not be restarted, or lungs that could not breathe. No, you were considered dead when you suffered a loss of personhood.

But before we see what substituting philosophy for science actually means to real patients, let's look at the criteria the Harvard authors believed indicated that a patient had a "permanently nonfunctioning brain":

- Unreceptivity and unresponsivity. "Even the most intensely painful stimuli evoke no vocal or other response, not even a groan, withdrawal of a limb or quickening of respiration," by the committee's standard.
- No movements or spontaneous breathing (being aided by a respirator does not count). Doctors must watch patients for at least one hour to make sure they make no spontaneous muscular movements or spontaneous respiration. To test the latter, physicians are to turn off the respirator for three minutes to see if the patient attempts to breathe on his own (the apnea test).
- No reflexes. To look for reflexes, doctors are to shine a light in the eyes to make sure the pupils are dilated. Muscles are tested. Ice water is poured in the ears.
- Flat EEG. Doctors should use electroencephalography, a test "of great confirmatory value," to make sure that the patient has flat brain waves.

The committee said all of the above tests had to be repeated at least 24 hours later with no change, but it added two caveats: hypothermia and drug intoxication can mimic brain death. And since 1968, the list of mimicking conditions has grown longer.

Although the Harvard criteria were based on zero patients and no experiments were conducted either with humans or animals, they soon became the standard for declaring people dead in several states, and in 1981, the Uniform Determination of Death Act (UDDA) was sanctioned by the National Conference of Commissioners on Uniform State Laws. The UDDA is based on the Harvard Ad Hoc Committee's report. That a four-page article defining death should be codified by all 50 states within 13 years is staggering.

Just as some of our ancestors saw the heart as the locus of the soul, today the medical establishment assumes that the brain is what defines humanity and that a functioning brain is vital to what is called a human being's personhood. D. Alan Shewmon, a pediatric neurologist at UCLA who was originally pro-brain-death, now dismisses the idea. The most scientific approach one can take to death, he says, is to treat human beings like any other species. People should be judged biologically on whether they are alive or dead, not on some vague notion of personhood. There is no abstract notion of "squirrelishness," for example, or "gorillahood," by which we determine the death of other species.

The question is: Why do we even need concepts like personhood and brain death? Despite heroic efforts to clarify and justify the Harvard criteria, they remain opaque, confusing, and contradictory. If, as proponents say, brain death criteria describe the same condition—i.e., death—as the cardiopulmonary criteria, why bother? Especially since the tools are available for declaring cardiopulmonary death, and are sorely lacking, or at least ignored, for determining whether the whole brain is really dead.

Shewmon compiled 150 documented cases of brain-dead patients whose heart continued to beat, and whose bodies did not disintegrate, past one week's time. In one remarkable case, the patient survived 20 years after brain death before succumbing to cardiac arrest.

**TRANSPLANT INDUSTRY**

In 2011 doctors in the United States transplanted some 21,000 organs from deceased donors, obtained through 58 organ procurement organizations.
Heart donations must be transplanted within four to six hours. Livers have 24 hours. Kidneys can last two days before expiration.

Brain-death advocates have always insisted that anyone who meets their criteria will fall apart quickly, and go quickly to meet the cardiopulmonary criteria. Yet Shewmon presents a litany of life processes that brain-dead patients continue to exhibit:

- Cellular wastes continue to be eliminated, detoxified, and recycled.
- Body temperature is maintained, though at a lower-than-normal temperature and with the help of blankets.
- Wounds heal.
- Infections are fought by the body.
- Infections produce fever.
- Organs and tissues continue to function.
- Brain-dead pregnant women can gestate a fetus.

- Brain-dead children mature sexually and grow proportionately.

So what drove the Harvard Ad Hoc Committee to turn back the calendar and construct a lower standard for death? To a growing number of scientific critics it appears that the committee was fixated on freeing up human organs for transplant.

By the 1960s, thanks to significant advances in technology, these kinds of transplants—once a staple of science fiction—had become a practical reality. But to accomplish this morally and legally, a new definition of death, one that enabled the organs to remain viable, had to be created.

Today the transplant industry is a $20 billion per year business. It spends more than a billion dollars a year on immunosuppressive drugs alone, which prevent the recipient's immune system from rejecting the transplanted organ. Transplant surgeons are near the top of the M.D. food chain, earning on average around $400,000 per year. They and their staffs often fly to organ harvests on private jets. Finder's fees, in the form of "administrative costs," are often paid to hospitals.

The only people who do not get a share of the transplant wealth are the most essential: the donors and their families. By law, they are the only ones who cannot be compensated. Joseph Murray, the surgeon who performed the first solid-organ transplant, maintains that donors must not be paid, in order to maintain the integrity of the field.
DESPITE HEROIC EFFORTS TO CLARIFY AND JUSTIFY THE DEFINITION OF DEATH, IT REMAINS OPAQUE, CONFUSING, AND INCONSISTENT.

It is the job of organ procurement organizations and their wranglers to talk a family out of the organs belonging to a soon-to-be-dead son, daughter, husband, wife, nephew, niece, or other relative. This must be one of the toughest sales jobs in the world. Distraught parents whose child is dead or dying must be asked to make yet another sacrifice. But it is that very pain and confusion that helps organ procurement organizations ease their way in.

Jim McCabe, senior donation coordinator for the New England Organ Bank, explains that “it’s a way of finding meaning in death, make the best of a tragic situation. I’m going into the ICU to offer the family an option.” The option most families want is to keep their loved one alive. A brain-death team tells them that survival is not in the cards. Then McCabe gives them another option: to keep someone else alive. His batting average is excellent. He gets 50 to 60 percent of next of kin to agree.

Joanne Lynn, M.D., a geriatrician and director of the Altarum Center for Elder Care and Advanced Illness based in Washington, D.C., says, “Advocate groups just want the organs. Transplant debate has ignored the donors and focused on the recipients.”

Organ transplants would be peripheral to the story of death if they were what the organ trade claimed them to be: the next extraction of body parts from totally dead, unfeeling corpses. But it is more complicated and messier than that. The grisly facts compiled in this article are not an attempt to derail organ transplantation—an impossible task, given how entrenched the industry is—but knowledge that has been gained from the medical establishment’s obsession with recycling the bodies of people who are, in the words of Dr. Michael DeVita of the University of Pittsburgh Medical Center, only “pretty dead.”

Or if you want to take a more optimistic point of view, these facts are proof of the tenacious persistence of human life. Despite the Harvard Ad Hoc Committee’s claim that its criteria for brain death and the cardiopulmonary criteria describe the same phenomenon, beating-heart cadavers (BHCs) are decidedly different from regular corpses. “I like my dead people cold, stiff, gray, and not breathing,” says DeVita. “The brain dead are warm, pink, and breathing. They look sick, not dead.”

Beating-heart cadavers were created as a kind of subspecies designed specifically to keep organs fresh for their future owners. McCabe says keeping the body alive from the brain stem down defeats warm ischemia, the restriction or loss of blood flow after conventional death. When the circulation stops, oxygen is no longer delivered to the organs, and cells begin to die.

McCabe says his outfit can get a donor from brain death to the operating room in 12 hours. Sometimes it may take an hour after death is declared to obtain consent, the ventilator being kept on while negotiations continue. An hour later, a blood sample is drawn, and it takes eight hours to check for AIDS, hepatitis, and cancer, all of which disqualify a BHC from becoming a donor. Time is of the essence, because the beating-heart cadaver—a brand new kind of creature, known only since the advent of brain death—could easily have a heart attack and die again before his organs are removed.

Once a patient goes brain dead, and relatives sign his organ donation consent form, he will get the best medical care of his life. Code blues in hospitals may be a call for doctors to rush to the bedside of beating-heart cadavers who need hearts defibrillated. BHCs are also routinely turned in their beds so they don’t get bedsores. Their kidneys are treated to avoid renal failure. Fluids are administered constantly to avoid diabetes insipidus, among other things; a healthy BHC should pee out 100 to 250 milliliters of urine per hour. The lungs have to be monitored to keep them in shape for the next owner, and mucous is removed.

Steven Ross of Cooper University Hospital in Camden, New Jersey, and Dan Teres of Baystate Medical Center in Springfield, Massachusetts, both say keeping BHCs “alive” is an arduous task for hospital nurses and other workers. Ross says it takes “very aggressive care.” But that they can be medically cared for at all, as Alan Shewmon demonstrated with his 150 cases, gives one pause about the validity of their deaths.

THERE IS MORE THAN ONE WAY TO HARVEST a beating-heart cadaver. McCabe’s outfit uses a team of seven in the operating room: one surgeon, one resident, one technician from the organ bank, one coordinator from the ICU, two nurses, and one anesthesiologist. Some teams may add another surgeon if many organs are being extracted.

In a typical dissection, a midline incision is made from just below the neck to the pubic area. The sternum is split with an electric saw or a Lebsche knife, a chisel-like instrument the doctor hits with a mallet. A sternal retractor with spikes is used to open the sternum. Sometimes the aorta is clamped at the beginning of the harvest, and the blood replaced with a coolant to avoid clots and stabilize temperature. Traditionally, the donor’s blood is simply left in place.

Mark Schlesinger does not like his patients to feel pain during conventional surgery. He is chairman of the department...

- Kidneys are the most common organs transplanted. In 2011 more than 15,000 people received kidney transplants; 10,000 came from deceased donors. Liver, heart, lung, pancreas, and intestine come next, in that order.
WHOM CAN DONATE?

Acceptable organ donors can range in age from newborn to 65 years or more. The elderly can still donate corneas, skin, and bone.

of anesthesiology at Hackensack University Medical Center in New Jersey, and he points out that an anesthesiologist creates brain-dead patients every day: "We give drugs to make them die. And we bring them back [when the surgery is completed]." A patient under anesthesia is one of the many growing exceptions to the Harvard criteria. He would meet the criteria on the surface, but would be disqualified (ruled still alive) if the examining doctor knew his system was full of drugs. "The only test you fail under anesthesia," Schlesinger says, "is irreversibility." That is, if an anesthetized patient has had his brain stem put down temporarily. A brain-dead organ donor's brain stem is also down—but we do not know, given the limitations of the Harvard criteria and their focus entirely on the brain stem, what is going on with the donor's cerebral cortex or everything beyond the brain stem.

Anesthesiologists have been at the forefront of questioning the finality of brain death and whether beating-heart cadavers truly are unfeeling, unaware corpses. They have also begun wondering about what a "pretty dead" donor may experience during a three- to five-hour harvest sans anesthetic, and they are speaking out on the subject.

Gail A. Van Norman, a professor of anesthesiology and bioethics at the University of Washington, cites some disturbing cases.

In one, an anesthesiologist administered a drug to a BHC to treat an episode of tachycardia during a harvest. The donor began to breathe spontaneously just as the surgeon removed his liver. The anesthesiologist reviewed the donor's chart and found that he had gasped at the end of an apnea test, but a neurosurgeon had declared him dead anyway.

In another case, a 30-year-old patient with severe head trauma was declared brain dead by two doctors. Preparations were made to excise his organs. The on-call anesthesiologist noted that the beating-heart cadaver was breathing spontaneously, but the declaring physicians said that because he was not going to recover he could be declared dead. The harvest proceeded over the objections of the anesthesiologist, who saw the donor move and react to the scalpel with hypertension that had to be treated. It was in vain since the proposed liver recipient died before he could get the organ, which went untransplanted.

And in a third instance, a young woman suffered seizures several hours after delivering her baby. A neurologist said it was a "catastrophic neurologic event," and she was readied for harvest. At that time the anesthesiologist found that she had small yet reactive pupils, weak corneal reflexes, and a weak gag reflex. After treatment, "the patient coughed, grimaced, and moved all extremities," she regained consciousness.

DEADLY WAIT LIST

The pressure to find donor organs is intense. About 18 patients in the United States die each day waiting for an organ. Some 113,000 people are sitting on wait lists—enough to fill a large football stadium twice over.

She suffered significant neurologic deficits but was alert and oriented.

THE BRAIN-DEATH ESTABLISHMENT DISCOUNTS such stories as "anecdotal," as if they were taken from the National Enquirer. But these three cases appeared in Anesthesiology, the journal of the American Society of Anesthesiologists, which has 44,000 members.

The Harvard criteria state that the brain-dead patient must exhibit no movement. Van Norman, however, points out that some exhibit spinal automatism, a complex spectrum of movements including flexion of limbs and trunk, stepping motions, grasping motions, and head turning. Dr. Gregory Liptak, in the Journal of the American Medical Association, wrote: "Patients who are brain dead often have unusual spontaneous movements when they are disconnected from their ventilators... Goose bumps, shivering, extensor movements of the arms, rapid flexion of the elbows, elevation of the arms above the head, crossing of the hands, reaching of the hands toward the neck, forced exhalation, and thoracic respiratory-like movements... These complex sequential movements are felt to be release phenomena from the spinal cord including the upper cervical cord and do not [emphasis author's] mean that the patient is no longer brain dead."

One cannot determine with certainty what organ donors feel, if anything, while being harvested. The logic of brain death goes like this: If the brain stem is dead, then the higher centers of the brain are also probably dead, and if the whole brain is dead, then everything beneath the brain stem is no longer relevant. Since in practice only the brain stem is routinely tested, the vast majority of the body, everything above the brain stem and everything below, no longer counts as human.

The reason for denying beating-heart cadavers anesthetic during the removal of their organs is hard to pin down. (Some experts say it is because anesthetic will harm the organs.) Nevertheless, administering anesthetics to BHCs during organ harvests is becoming more common in Europe, accord-
Of the organs recovered from deceased donors, 25 percent of livers and 60 percent of hearts and lungs are discarded. Preexisting diseases or dysfunction have left these organs too damaged to transplant.

down, though," he added, "does not mean the patient is in pain. Pain is a subjective thing." As with Shewmon, I asked Truog if an experiment wasn't called for. He said there was no experiment that could answer the question of pain in the donor.

Beyond pain, there are many surprising findings in a 1971 paper, "Brain Death: A Clinical and Pathological Study," published in the Journal of Neurosurgery. The Minnesota team that produced that article studied 25 moribund patients, conducting autopsies on them all and EEGs on some. They also checked for reflexes and found something unusual. Five of the 25 brain-dead people were still sexually responsive. The researchers gently stroked the "nipple and areola" of all patients and got responses from five, four men and one woman. Then they stroked the skin at the root of the penis on the 18 male patients, and four responded with "gentle seesaw movements of the penis." The researchers felt this reaction was "an incomplete or abortive form of penile erection." Abortive or not, to the untrained eye it would appear to be a sign of life.

More dramatic are brain-dead pregnant women. The first recorded case occurred in 1981 when a 24-year-old woman, 23 weeks pregnant, was admitted to the Women and Children's Hospital of Buffalo. After 18 days her EEG showed no cerebral activity and she was transferred to a maternity hospital. A day later she was declared brain dead, approximately 25 weeks pregnant. So she was dead but still pregnant, and doctors decided to use her body—technically it was a corpse—as an incubator. The task was not easy. She developed diabetes insipidus, sinus tachycardia, and uterine contractions. Later she had wide fluctuations in blood pressure, and the fetus's heart rate was dropping. A cesarean section was performed immediately, delivering a 2-pound "vigorous" baby girl at about the 26th week of gestation. Three months

In 2009 roughly three organs per deceased donor were transplanted in the United States.
later the infant was discharged from the hospital, weighing about 4.4 pounds.

Six months earlier, another pregnant woman in desperate straits was admitted to the same hospital, with a very different ending. The doctors discontinued life support short of brain death as the fetus was 19 weeks old, and the medical staff accepted the belief that a body could not survive long after brain death was declared. There was theoretically not time to gestate the fetus another 3 weeks, 22 weeks being the earliest a viable baby can be delivered.

More brain-dead pregnant moms followed. As of this writing there have been 22 published reports from around the world, including Brazil, Germany, Ireland, New Zealand, France, Finland, Korea, Spain, and the United States. From these 22 brain-dead mothers, 20 babies were produced, with no remarkable side effects in the infants. One woman gestated a fetus for 107 days after declaration of brain death.

The real significance of pregnant brain-dead women is that they would seem to sound the death knell for brain death as a definition. As Shewmon and many others have pointed out, what is more indicative of life than gestating a baby to a live and viable birth? Keeping a pregnant mother and baby “alive” for 107 days at the very least puts the lie to the theory that the brain dead will go quickly to conventional heart/lung death. At first, brain death advocates said this is a matter of hours. Then they said 3 to 5 days at the most. Then 7 days, then 9 days, then 14 days. Now we are talking about a brain-dead mother not only hanging on for 107 days but nourishing a baby as well.

A final note: Brain-dead mothers can still donate their organs. And so, after suffering a neurological catastrophe, being declared dead, still having to endure several weeks of pregnancy, then giving birth via cesarean section, the patient can still be rolled off to have her organs removed. A woman’s work is never done.

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Excerpted from The Undead: Organ Harvesting, the Ice-Water Test, Beating-Heart Cadavers—How Medicine Is Blurring the Line Between Life and Death by Dick Teresi. Published by Pantheon Books, a division of Random House. Copyright © 2012 by Dick Teresi. Excerpted by permission.
Cutting For Stone
by Abraham Verghese

Please be aware that this discussion guide may contain spoilers!

About This Guide

The introduction, discussion questions, and suggested further reading that follow are designed to enhance your group’s discussion of Abraham Verghese’s acclaimed first novel, Cutting for Stone.

About This Book

An epic novel that spans continents and generations, Cutting for Stone is an unforgettable story of love and betrayal, compassion and redemption, exile. An epic novel that spans continents and generations, Cutting for Stone is an unforgettable story of love and betrayal, compassion and redemption, exile and home that unfolds across five decades in India, Ethiopia, and America.

Narrated by Marion Stone, the story begins even before Marion and his twin brother, Shiva, are born in Addis Ababa’s Missing Hospital (a mispronunciation of “Mission Hospital”), with the illicit, years-in-the-making romance between their parents, Sister Mary Joseph Praise, a beautiful Indian nun, and Thomas Stone, a brash, brilliant British surgeon. Mary and Thomas meet on a boat out of Madras in 1947; she follows him to Ethiopia and to Missing, where they work side by side for seven years as nurse and doctor. After Mary dies while giving birth to the twins—a harrowing, traumatic scene on the operating table—Thomas vanishes, and Marion and Shiva grow up with only a dim sense of who he was, and with a deep hostility toward him for what they see as an act of betrayal and cowardice.

The twins are raised by Hema and Ghosh, two Indian doctors who also work at Missing, and who shower Marion and Shiva with love and nurture their interest in medicine—part of the deep, almost preternatural connection the brothers share. They are so close that Marion, as a boy, thinks of them as a single entity: ShivaMarion.

Marion and Shiva come of age as Ethiopia hovers on the brink of revolution, and their lives become intertwined with the nation’s politics. Addis Ababa is a colorful, cosmopolitan city: the Italians have left behind cappuccino machines, Campari umbrellas, and a vibrant expat community. But they’ve also left a nation crippled by poverty, hunger, and authoritarian rule; Ethiopia in the 1960s and 1970s is both bolstered and trapped by its notorious emperor, Haile Selassie, and rocked by violence and civil war.

Yet it is not politics but love that tears the brothers apart: Shiva sleeps with Genet—the daughter of their housekeeper and the girl Marion has always loved. This second betrayal, now by the two people this sensitive young man loves most, sends Marion into a deep depression. And when Genet joins a radical political group fighting for the independence of Eritrea, Marion's connection to her forces him into exile: he sneaks out of Ethiopia and makes his way to America.
Marion interned at a hospital in the Bronx, an underfunded, chaotic place where the patients are nearly as poor and desperate as those he had seen at Missing. It is here that Marion comes to maturity as a doctor and as a man. It is here, too, that he meets his father and takes his first steps toward reconciling with him. But when the past catches up to Marion—nearly destroying him—he must entrust his life to the two men he thought he trusted least in the world: the father who abandoned him and the brother who betrayed him. The surprising, stunning denouement both arises from and reenacts the major themes of Cutting for Stone: love and betrayal, forgiveness and self-sacrifice, and the inextricable union of life and death.

In Cutting for Stone, renowned physician Abraham Verghese has given us a remarkable reading experience that explores the lives of a memorable cast of characters, many of them doctors; the insight the novel offers into the world of medicine, along with its wealth of precise detail about how doctors work, is unparalleled in American fiction. Verghese is so attuned to the movements of the heart and of the mind, so adept at dramatizing the great themes of human existence, and he has filled this world with such richly drawn, fascinating characters, that Cutting for Stone becomes one of those rare books one wishes would never end, an alternate reality that both rivals and illuminates the real world readers must return to when the book is closed.

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Reader's Guide

1. Abraham Verghese has said that his ambition in writing Cutting for Stone was to "tell a great story, an old-fashioned, truth-telling story." In what ways is Cutting for Stone an old-fashioned story-and what does it share with the great novels of the nineteenth century? What essential human truths does it convey?

2. What does Cutting for Stone reveal about the emotional lives of doctors? Contrast the attitudes of Hema, Ghosh, Marion, Shiva, and Thomas Stone toward their work. What draws each of them to the practice of medicine? How are they affected, emotionally and otherwise, by the work they do?

3. Marion observes that in Ethiopia, patients assume that all illnesses are fatal and that death is expected, but in America, news of having a fatal illness "always seemed to come as a surprise, as if we took it for granted that we were immortal" (p. 396). What other important differences does Cutting for Stone reveal about the way illness is viewed and treated in Ethiopia and in the United States? To what extent are these differences reflected in the split between poor hospitals, like the one in the Bronx where Marion works, and rich hospitals like the one in Boston where his father works?

4. In the novel, Thomas Stone asks, "What treatment in an emergency is administered by ear?" The correct answer is "Words of comfort." How does this moment encapsulate the book's surprising take on medicine? Have your experiences with doctors and hospitals held this to be true? Why or why not? What does Cutting for Stone tell us about the roles of compassion, faith, and hope in medicine?

5. There are a number of dramatic scenes on operating tables in Cutting for Stone: the twins' births, Thomas Stone amputating his own finger, Ghosh untwisting Colonel Mebratu's volvulus, the liver transplant, etc. How does Verghese use medical detail to create tension and surprise? What do his depictions of dramatic surgeries share with film and television hospital dramas-and yet how are they different?

6. Marion suffers a series of painful betrayals-by his father, by Shiva, and by Genet. To what degree is he able, by the end of the novel, to forgive them?

7. To what extent does the story of Thomas Stone's childhood soften Marion's judgment of him? How does Thomas's suffering as a child, the illness of his parents, and his own illness help to explain why he abandons Shiva and Marion at their birth? How should Thomas finally be judged?

8. In what important ways does Marion come to resemble his father, although he grows up without him? How does Marion grow and change over the course of the novel?

9. A passionate, unique love affair sets Cutting for Stone in motion, and yet this romance remains a mystery-even to the key players-until the very conclusion of the novel. How does the relationship between Sister Mary Joseph Praise and Thomas Stone affect the lives of Shiva and Marion, Hema and Ghosh, Matron and everyone else at Missing? What do you think Verghese is trying to say about the nature of love and loss?

10. What do Hema, Matron, Rosina, Sister Mary Joseph Praise, Genet, and Tsigé-as well as the many women who come to Missing seeking medical treatment-reveal about what life
is like for women in Ethiopia?

11. Addis Ababa is at once a cosmopolitan city thrumming with life and the center of a dictatorship rife with conflict. How do the influences of Ethiopia's various rulers—England, Italy, Emperor Selassie—reveal themselves in day-to-day life? How does growing up there affect Marion's and Shiva's worldviews?

12. As Ghosh nears death, Marion comments that the man who raised him had no worries or regrets, that "there was no restitution he needed to make, no moment he failed to seize" (p. 346). What is the key to Ghosh's contentment? What makes him such a good father, doctor, and teacher? What wisdom does he impart to Marion?

13. Although it's also a play on the surname of the characters, the title Cutting for Stone comes from a line in the Hippocratic Oath: "I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners, specialists in this art." Verghese has said that this line comes from ancient times, when bladder stones were epidemic and painful: "There were itinerant stone cutters—lithologists—who could cut into either the bladder or the perineum and get the stone out, but because they cleaned the knife by wiping their blood-stiffened surgical aprons, patients usually died of infection the next day." How does this line resonate for the doctors in the novel?

14. Almost all of the characters in Cutting for Stone are living in some sort of exile, self-imposed or forced, from their home country—Hema and Ghosh from India, Marion from Ethiopia, Thomas from India and then Ethiopia. Verghese is of Indian descent but was born and raised in Ethiopia, went to medical school in India, and has lived and worked in the United States for many years. What do you think this novel says about exile and the immigrant experience? How does exile change these characters, and what do they find themselves missing the most about home?

Suggested Reading

Chinua Achebe, Girls at War;
Andre Brink, A Dry White Season;
Pauline Chen, Final Exam;
Dave Eggers, What Is the What;
Tracy Kidder, Old Friends;
John Irving, The Cider House Rules;
Ryszard Kapuscinski, The Emperor;
Barbara Kingsolver, The Poisonwood Bible;
Somerset Maugham, Of Human Bondage;
Samuel Shem, The House of God;
William Carlos Williams, The Doctor Stories.

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On May 11th I wrote a review of Abraham Verghese’s widely praised novel Cutting for Stone in which I stated that I took issue with some of the ways in which the author chose to deal with his female characters. At the time I didn’t say much beyond this statement or present any additional information to argue my case. This was because I didn’t want to reveal key facts, or spoilers, about the novel within what was written as a review meant to guide potential readers who might be on the fence about whether or not to pickup the novel. This post however will attempt to dig a little deeper into the issue and outline the complaints I initially alluded to. That means there will be spoilers.

Now that that’s out of the way, I shall dive in. I’m going to touch on each of the major female characters in the novel one by one starting with...

**Sister Mary Joseph Praise:** As the Sister title implies, she’s a nun. She’s also a very pregnant nun, which means she either had a brief lapse in judgment, or she never took her vows to God very seriously in the first place. I’m not judging, it’s her life and she’s free to live it as she sees fit. Either way, two things about her are true: she had sex with Dr. Stone, at least once, and she got pregnant. How does Verghese deal with these supposed wrongdoings? He punishes her by killing her during the process of an excruciatingly painful childbirth. Giving birth is tough, especially in a country with a less than adequately trained medical staff and a shortage of proper surgical implements and supplies when compared to the rest of the world. I get that and I wouldn’t take offense to her death, except for the fact that it is the first in what appears to be a pattern of punishments that are doled out against woman throughout the novel in response to their perceived crimes.

**Genet:** Genet is Marion’s main love interest for the entire novel. When they are children he fantasizes about one day marrying her and living out their perfect dream life together. She shatters these hopes by sleeping with his twin brother Shiva. What does Verghese choose to have happen to Genet as a direct result of this betrayal? Her mother Rosina cuts near her eyes and pays to have her genitals mutilated. One could argue that this is an accurate portrayal of a proper cultural response to the situation. Perhaps it is, but it seems that throughout the novel Verghese takes issue with any woman who does something he perceives to be wrong. I’ll return to Genet in a moment because there’s more to her story to examine.

**Rosina:** Genet’s mother feels an enormous guilt over the physical pain she caused her daughter and she decides to end her life by hanging herself. Her crime was the mutilation of her daughter’s face and genitals and the punishment handed down by Verghese in response was her death. If it’s a normal cultural thing that occurs often, then wouldn’t Rosina feel that her actions were justifiable? Instead of presenting readers with a strong female who stands, right or wrong, by the tradition of her
people, Vergheese punishes her for imposing her system of beliefs and traditions on her daughter. I’m not sticking up for the acts of violence committed against Genet. Personally I believe they were tragic and horribly wrong. I’m just stating that there were other ways to go with Rosina’s character that could have made the fallout from the situation far more interesting.

Genet (again): Near the end of the novel she shows up on Marion’s doorstep in New York. He invites her in and proceeds to repeatedly, for all intents and purposes, rape her. As a direct result of their sexual relations Marion contracts Hepatitis B. How does Vergheese punish Marion for raping Genet? He gets very, VERY ill, but he eventually pulls through and gets to continue on with his life. However things don’t go as well for Genet. How dare she give Marion Hepatitis B! Vergheese ends her existence by allowing her to starve alone on the streets of Texas where she travels in an attempt to reconnect with the child that was previously removed from her care.

Hema: She always blamed Marion for what happened to Genet as a child and as a direct result she favored his brother Shiva. Almost immediately after Shiva reveals that it was he who had sex with Genet, not Marion, Vergheese kills him to punish Hema. Now that she knows the truth she can not be allowed to enjoy the existence of her favored child.

As a final thought I’d also like to state that I think that it’s piss poor that Vergheese transplants Marion to America, but doesn’t bother to introduce any type of strong female characters there. The most well-adjusted, successful woman Marion meets? The answer would be the restaurant owner / former whore for hire Tsige whom he bonded with earlier in the novel before he was forced to flee his homeland.

• Chris Ann Moore

Thank you. I was appalled when reading this book and even more appalled when reading the glowing reviews, which missed or summarily dismissed what I perceived as flagrant misrepresentations and condemnations of female sexuality and acceptance of multitude grotesque abuses, physical and economical, perpetrated against it. I object to Vergheese’s endless descriptions of happy, even prospering, sex slaves/prostitutes, all “willing” and available, and even in one instance ecstatic to give 'it' away for free" doggie style. I object to his characterization of "bar girls" that usually "marry well." except for poor beautiful Helen, who has the nerve to disdain her "suitors." I object to the depiction of housemaids who respond to drunken rape with a casual,"what else can I do for you?" and endless self-sacrificial loyalty. I object to the equally casual references to very young boys who have all, naturally!, expectedly! had their first sexual experience with these 'happy' prostitutes and 'willing' house maids. I object to the portrayal of hyper-sexualized females: naked ten year-
old and later thirteen year-old Genet, eventually prospering prostitute Tsige and the poor pock-marked Probationer, all who lure, or attempt to, innocent purely "biological" boys into their desperately wanting and wanton lair. I am not even sure what to say about the urination scene, except perhaps unbelievable and obscene. I object to using the devastating realities of FGM and Fistula as plot devices and as a mask, a pure parody, of true compassion on the part of the author. The shallowness of this concern revealed repeatedly. For just one instance in the case of Fistula, as you wrote, by the appropriation of the real work done on Fistula, those who accomplished it and the enormous difficulties they faced. For one instance, in the case of FGM by the condemnation of Genet's "straying" from the family and turning to rebellion without addressing the almost incomprehensible affect of what was done to her (and tens of millions of others.) I object that the book's strongest female character, the beautiful, brilliant, and independent Hema, is reduced to crushing a man's balls and, almost, endlessly treating the one who loved her as a mere prop—until she discovers motherhood. I object to Marion's unquestioned blame of Genet's rebel alliance for his exile, when he knew full well her allegiance and continued his visits/obsession. I object to Genet's rape. I could go on and on, but I will stop now. Next week when my book club meets, I can only hope I will be able to express even some of this without emptying the room.

- Sandra F

I agree with your position. I received the book yesterday and noticed the harshness towards female characters immediately. Is Verghese Indian, because that might explain it. If this sounds too harsh, let me say that as an Indian-Ethiopian myself, I've noticed what views Indian society holds for unchaste women who fail to respect men.

Sister Praise desecrates her vows by sleeping with Stone and pays for it with her life (though her sin is made excusable by her rape in Aden, presumably to keep her as some sort of moral standard).

Genet rejects her father and pays for it after his death with the ritual scarring the crazy Rosina orchestrates. She becomes sexually mature and sleeps with Shiva, losing the "greatness" she could have had with Marion. That was particularly jarring. Why was Genet's greatness only tied to men? Her sole claim to greatness, her political radicalism and plane hijacking, is discarded as deceitful tripe. Being "more Eritrean than the Eritreans". However, when the male Eritreans rebel years later against Mengistu, they are hailed as brave freedom fighters. Genet on her own is pictured as worthless— a drifter, working as a washerwoman, STD-riddled, an unfit mother. Marion actually laughs at the possibility of her being a good mother without him at her side, as if his love is the only redeeming thing in her life.

I could go on and on with this.
'Cutting for Stone' by Abraham Verghese - Book Club Discussion Questions

'Cutting for Stone' - Reading Group Guide

From Mike Sullivan

*Cutting for Stone* is Abraham Verghese's debut novel about two boys growing up in a mission hospital in Ethiopia. Use these book club discussion questions on *Cutting for Stone* to lead your reading group into the novel.

**Spoiler Warning:** These book club discussion questions reveal important details about *Cutting for Stone* by Abraham Verghese. Finish the book before reading on.

1. What did you enjoy most about *Cutting for Stone*?

2. Who was your favorite character? Why?

3. What was "missing" in the main characters' lives (Thomas, Ghosh, Hema, Genet, Marion, Shiva)? What was found?

4. What was the saddest loss in this tale?

5. What did you learn about Ethiopia's history as a country that you did not know before?

6. Did you empathize with Genet's choices? Why or why not?

7. What did you think of Thomas Stone's back story? Did it help you understand his character's actions and motivations?

8. How does Marion and Shiva's characteristics and choices as twins reflect the stories' themes about division, reconciliation, and unity?

9. Were you satisfied with the conclusion? Why or why not?

10. Rate *Cutting for Stone* from 1 to 5.

**Related Searches**

- Abraham Verghese
- Book Club Discussion Questions
- Debut Novel
- Thomas Stone
- Reading Group
- Hema
Here is the Random House Reader's Guide for a starter:

1. Abraham Verghese has said that his ambition in writing Cutting for Stone was to “tell a great story, an old-fashioned, truth-telling story.” In what ways is Cutting for Stone an old-fashioned story—and what does it share with the great novels of the nineteenth century? What essential human truths does it convey?

2. What does Cutting for Stone reveal about the emotional lives of doctors? Contrast the attitudes of Hema, Ghosh, Marion, Shiva, and Thomas Stone toward their work. What draws each of them to the practice of medicine? How are they affected, emotionally and otherwise, by the work they do?

3. Marion observes that in Ethiopia, patients assume that all illnesses are fatal and that death is expected, but in America, news of having a fatal illness “always seemed to come as a surprise, as if we took it for granted that we were immortal” (p. 396). What other important differences does Cutting for Stone reveal about the way illness is viewed and treated in Ethiopia and in the United States? To what extent are these differences reflected in the split between poor hospitals, like the one in the Bronx where Marion works, and rich hospitals like the one in Boston where his father works?

4. In the novel, Thomas Stone asks, “What treatment in an emergency is administered by ear?” The correct answer is “Words of comfort.” How does this moment encapsulate the book's surprising take on medicine? Have your experiences with doctors and hospitals held this to be true? Why or why not? What does Cutting for Stone tell us about the roles of compassion, faith, and hope in medicine?

5. There are a number of dramatic scenes on operating tables in Cutting for Stone: the twins' births, Thomas Stone amputating his own finger, Ghosh untwisting Colonel Mebratu's volvulus, the liver transplant, etc. How does Verghese use medical detail to create tension and surprise? What do his depictions of dramatic surgeries share with film and television hospital dramas—and yet how are they different?

6. Marion suffers a series of painful betrayals—by his father, by Shiva, and by Genet. To what degree is he able, by the end of the novel, to forgive them?

7. To what extent does the story of Thomas Stone's childhood soften Marion's judgment of him? How does Thomas's suffering as a child, the illness of his parents, and his own illness help to explain why he abandons Shiva and Marion at their birth? How should Thomas finally be judged?

8. In what important ways does Marion come to resemble his father, although he grows up without him? How does Marion grow and change over the course of the novel?

9. A passionate, unique love affair sets Cutting for Stone in motion, and yet this romance remains a mystery—even to the key players—until the very conclusion of the novel. How does the relationship between Sister Mary Joseph Praise and Thomas Stone affect the lives of Shiva and Marion, Hema and Ghosh, Matron and everyone else at Missing? What do you think Verghese is trying to say about the nature of love and loss?

10. What are the key clues and developments that hint at the many women who come to Missing? How do the women's roles in Missing differ from those in day-to-day life? How do the women work together to make Missing a successful hospital?

11. Upon his return to the United States, Thomas Stone is wracked with guilt over his departure from Missing. What do he and Marion have in common? How do they differ? What are the key events in his and Marion's lives after Missing?

12. What does Thomas Stone regret most? Why? Does his change in attitude toward missing indicate that he is less a man and more a doctor? How do Thomas's regrets, that “there was no way to change the life of his patient,” compare to the contentment? What makes Thomas Stone the kind of doctor he is?

13. How do you picture the operation performed by Dr. Johnson? How does the operation differ from ancient times, when maggots were used to treat internal wounds? What do you think Verghese means when he says that the operation is ‘a matter of blood and guts’ (p. 645)? What is the skill of the surgeon, and what does this say about the dangers of surgery?

http://www.goodreads.com/topic/show/181700-june-july-discussion-on-cutting-for-stone-spoilers
14. Almost all of the characters in Cutting for Stone are living in some sort of exile, self-imposed or forced, from their home country—Hema and Ghosh from India, Marion from Ethiopia, Thomas from India and then Ethiopia. Verghese is of Indian descent but was born and raised in Ethiopia, went to medical school in India, and has lived and worked in the United States for many years. What do you think this novel says about exile and the immigrant experience? How does exile change these characters, and what do they find themselves missing the most about home?

message 3: by Joycenclyde (new)
Jul 27, 2009 03:58pm

4. In the novel, Thomas Stone asks, "What treatment in an emergency is administered by ear?" The correct answer is "Words of comfort." How does this moment encapsulate the book's surprising take on medicine? What does Cutting for Stone tell us about the roles of compassion, faith, and hope in medicine?

This really resonated with me because I am dealing with some physical/emotional/stress issues and also reading Dean Ornish's 1998 book Love & Survival, subtitled The scientific basis for the healing power of intimacy.

Both books, I believe, are at least in part a plea to reunite the many dimensions of being human. To recognize that we are not merely physical and that all our dimensions are legitimate and valuable. To become "cured" medically is not the same as to "heal" which is to move toward wholeness. "Words of comfort," I find the very phrase comforting, may aide in this healing whether from a friend or a doctor who knows he along with his patient is human.

message 4: by Betsy (new)
Jul 29, 2009 11:11am

Joycenclyde wrote: "4. In the novel, Thomas Stone asks, "What treatment in an emergency is administered by ear?" The correct answer is "Words of comfort." How does this moment encapsulate the book's surprising take on..."

When I was working in a hospital we had a program called Literature & Medicine. It was essentially a book group, but it pulled people from all areas of the hospital and the books always had some link to healthcare. Verghese is sort of "known" in the Lit & Med circles as a doctor who "gets it" and his book "The Tennis Partner" is often chosen by Lit & Med groups (it's non-fiction about Verghese's relationship as a tennis partner with a younger physician who has an addiction problem). I'm sure Cutting for Stone will be selected by many, unless it's just too long. Sadly, the number of doctors in developed countries who really treat the whole person, and not just the diagnoses, are all too few. It seems like doctors who have worked in undeveloped nations, like Verghese in Ethiopia, have a better understanding of the art of medicine - versus just the science. I wonder if it is because they just don't have access to all the life-saving technology, drugs, etc. and have to rely more heavily on compassion as a component of healing.

message 5: by Betsy (new)
Jul 29, 2009 11:16am

Question about Shiva. Everyone in the book talked about how different Shiva was: Hema mentioned that he needed more help growing up, Ghosh asked Marion to find Stone because he didn't think Shiva would have any idea how to go about it, etc. Do you think he was just the mirror image of Marion, or was there something actually wrong with him. I kept thinking perhaps he had Asperger's Syndrome, or perhaps Stone's attempts to crush his skull, or the separation of the boys, had actually caused some sort of brain damage. Anyone else have any thoughts on that?

message 6: by Lisa (new)
Jul 29, 2009 06:38pm
This book took my breath away. Verghese spun a beautiful epic tale of love, loss, family, betrayal, forgiveness, medicine and healing. The characters were well developed and came alive to me. Whoever voted on this book as our group read.....thank you! I don't believe I would have chose to read it otherwise.

Betsy, I agree with your opinion that physicians as portrayed by Verghese practice with more art and care of the whole person in underdeveloped countries; whereas in developed countries there is a more scientific approach. With so much technology, medicine and funding available, doctors can hone in on specialized treatment and protocols. It seems easier to focus on the disease when you have so many tools available.

I think Ghosh was a good example of a physician practicing medicine as an art. With his background in internal medicine, he looked for and listened to clues. He picked up on subtleties to aid in diagnosis. He became a surgeon by default.

The whole "words of comfort" approach resonated with meaning. It was symbolic of the entire story. Words of comfort help heal the sick, but they also help those who are emotionally wounded.

This was a wonderful book. I'm still absorbing and processing the story.

message 7: by Loreena(new)
Jul 30, 2009 07:06pm

I have been taking a summer class so my time for fun reading has been limited lately. I am so envious as I read all of the other discussions! I am 3/4 of the way through this book. The development of Ghosh's character is what has struck me the most so far. Thanks to the group for suggesting this book. I probably would not have picked it, but it will be one of my most memorable books

message 8: by Lisa(new)
Aug 01, 2009 08:11am

I've been giving a lot of thought to Cutting For Stone and I was struck with Ghosh and Hema's approach to the practice of medicine. They both seemed to have a calling for their practice rather than doing it in order to gain status or earn the big dollars. Missing was an integral part of their lives and wrapped up in everything they did. Hema took a short break after the birth of the twins, but I even viewed that as part of her calling. She and Ghosh were both concerned about the well-being of people. They didn't always have the resources to save people, but they gave them the best care possible, which included the care of their souls.

Marion inherited this calling. He loved Missing and Ethiopia, and when forced to flee from the people and place he held so dear, he found a new home in the United States at Our Lady hospital. Our Lady was not as modern and technologically advanced as a lot of American hospitals and it mainly served the poor and disadvantaged. Despite being offered a more prestigious position at an acclaimed medical center, Marion declined and stayed loyal to Our Lady until his eventual departure back to Missing.

Ghosh, Hema and Marion's lives were entwined with medicine and Missing. They genuinely cared about the people. Their lives were simplistic. They practiced medicine at Missing; lived on its grounds; socialized with other workers and patients. They lived through social turmoil and the upheaval of government, but always their main concern was the people. I wonder if they were able to focus so much on the care of the whole person, because they weren't inundated with so many outside influences and technology. The US provides so many distractions that it is easy to see how the practice of medicine can easily be just a means to achieving an end......money, houses, cars, vacations, extravagant toys.

message 9: by Betsy(new)
Aug 02, 2009 12:36pm
So, here's an odd social media coincidence... I was just on Twitter and checked who was following me. There is a guy following me who is tweeting about ending fistula. OK, maybe not a coincidence, I just checked and I had tweeted about reading Cutting for Stone. If anyone wants to follow him, here's his twitter address
http://twitter.com/OperationOF

message 10: by Lisa (new)
Aug 07, 2009 12:45pm

I've never twittered before, but I checked out the link. I must say this guy was rather creative to drum up support for his cause by tweeting people who read Cutting for Stone.

message 11: by Betsy (new)
Aug 07, 2009 12:54pm

I can't believe we are really "done" with Cutting for Stone, so I am starting another dialogue. From question 3 above, Marion observes that in Ethiopia, patients assume that all illnesses are fatal and that death is expected, but in America, news of having a fatal illness "always seemed to come as a surprise, as if we took it for granted that we were immortal"

I was suprised to realize that fear of mortality wasn't a universal emotion. From my healthcare days, I do think that much of the difficulty in communication between providers and patients and between doctors and staff stems from a fear of mortality. We don't know how to talk about death, or even end of life planning because it's too uncomfortable for everyone. I sometimes wonder if that is what is behind all the fear of "rationing" care in health care reform - is that we want to believe we will live strong and active lives forever.

Any thoughts?

message 12: by Lisa (new)
Aug 07, 2009 02:02pm

Betsy, we're never done with discussion. It's always open. ^_^

message 13: by Lynn (new)
Aug 10, 2009 12:33pm

I have often been called "weird" because I have so little "fear" of death. I don't know where it comes from but I clearly see dying and death as another part of life. Even though I am approaching the later years of my life (I'm 65) and feeling more unhappy about the less life that is left, I do not experience it as fear. I agree with Betsy that the American expectations and deification of the medical profession are contributing to the fear on rationing of health care. None of us want to be the one that won't be served, but surely if we don't do something to change our overall life styles as a nation, rationing will be a necessity.

message 14: by Miriam (new)
Aug 12, 2009 09:36am

I am reading How We Die by Sherwin B. Nuland. It spells out exactly what happens when a body dies.

reply | flag*

message 15: by Betsy (new)
Aug 12, 2009 06:40pm

Miriam wrote: "I am reading How We Die by Sherwin B. Nuland. It spells out exactly what happens when a body dies."

Miriam, is it more than you would want to know or is it interesting?

reply | flag*

message 16: by Miriam (new)
Aug 13, 2009 06:45pm

After reading the first three chapters I felt depressed bordering on too much information. However, I was also drawn in and kept reading and the book got more interesting. It's like reading a fiction story where I wanted to know what happens next. I'm almost finished and I don't regret reading it.

reply | flag*

message 17: by Theresa (new)
Sep 09, 2009 10:50pm

Lisa wrote: "This book took my breath away. Verghese spun a beautiful epic tale of love, loss, family, betrayal, forgiveness, medicine and healing. The characters were well developed and came alive to me."

I am new to this group and agree with Lisa that I would definitely not have picked this book up except that I saw that it was the book group selection here and was reviewed well in Bookmarks. But I am so glad I did because I have not enjoyed a book that much in quite some time.

The "words of comfort" phrase especially resonated with me because who among us hasn't been to the doctor fearing the worst and had just your basic scientific explanation (if that) with no emotional or personal connection? And before you can think to formulate a question they've already moved on to the next person. It seems that the majority of doctors want to avoid a personal connection because it takes longer and is easier to remain detached. Words of comfort go a long way in easing someone's mind.

But the phrase really reminded me of what my father always told me about music which is that there are different ways to enjoy music: you can play an instrument, you can sing, you can write music, or you can just listen. Not everyone enjoys music in the same way and no one way is the right way. Hema bought the record player to listen to music and Marion would always associate the Gloria with the Matron. So it seems that many of the characters in this book were able to enjoy music simply by listening rather than by actively participating in another way. And sometimes just listening is harder to do than singing along or playing an instrument simply because there is no physical activity.

And in the same vein, there are different ways to provide treatment--it doesn't mean that those doctors who are purely scientific are wrong as they are treating the symptoms or conditions. But it seems that practicing medicine in a purely scientific way is like learning how to read music without ever seeing how the parts work together to create a cohesive whole.

I think the reason that Ghosh, Hema, Marion, Deepak, and Shiva were so happy practicing medicine is because they were able to practice medicine scientifically by learning the mechanics of how the body works (reading the music) but also because they cared to learn how the body and all its parts work together as a whole (listening to the music). They were

http://www.goodreads.com/topic/show/181700-june-july-discussion-on-cutting-for-stone-spoilers

7/29/2012
able to write their own music in the end by thinking outside the box to save Marion's life but only because they saw the the body as a whole rather than as a conglomeration of different parts that needed treatment or surgery.

I think Shiva understood this best of all in his research and treatment of fistula patients but also in his relationship with Marion. Shiva laying on the bed with his head touching Marion's head to drop almost immediately (silent words of comfort) and it was Shiva who came up with the plan to give Marion part of his liver, a procedure with no real success rate to speak of at that time. Shiva was able to see how the parts of the body worked together in relation to the body as a whole allowing him to offer his own words of comfort both to his brother and to his patients as well as to those patients who were able to take advantage of the success of the liver transplant after his death.

message 18: by Lisa(new)
Sep 10, 2009 12:11 pm

First, welcome to the group Theresa! This book was such a treat. I love discovering a great book, which I normally wouldn't pick up. Your review was right on. I love your analogy of medical treatment to music appreciation. I look forward to more of your insights and recommendations.
Bookmarks Subscribers discussion

Group Book Discussion > (June/July) Discussion on Cutting For Stone (Spoilers)

Comments (showing 1-18 of 18)(18 new)  post a comment »

date newest

message 1: by Lisa(new)
Jul 25, 2009 07:23pm

Let's just have an open discussion on Cutting For Stone. Just jump in and talk about how you felt about the book, likes, dislikes, characters, plot, etc.... If you haven't read the book yet, you may want to skip this topic because it may contain spoilers.

I'm not quite done with the book, but will add my thoughts soon.

Also, I know there are discussion questions on the book. I believe they are on the publishers website. I didn't read them because it said they contained spoilers. For those of you who have read the book, feel free to look at these questions and use them to open up dialogue.

title

message 2: by lovecnelyde(new)
Jul 27, 2009 03:35pm

http://www.goodreads.com/topic/show/181700-june-july-discussion-on-cutting-for-stone-spoilers
Hippocrates Made Human

RAJESH C. OZA, Jul 24, 2009


Most readers of novels in the West are also consumers of modern medicine—a world of diagnosis and treatment enabled by pharmaceuticals, biotechnologies, insurers, and medical professionals. Abraham Verghese’s Cutting for Stone is about the human side of care-giving, about the kind of professionals who take time to warm the tip of their stethoscopes in nurturing palms before auscultative steel makes contact with a patient’s skin. The characters in this gentle, empathetic novel are the kind of people who listen carefully and ask questions such as, “Tell us, please, what treatment in an emergency is administered by ear?”

Before this debut work of fiction, Verghese, who teaches and practices at Stanford University’s School of Medicine, had authored two works of non-fiction: My Own Country and The Tennis Partner. Just as the much-honored My Own Country gave voice to AIDS patients in small-town Tennessee, Cutting for Stone brings alive the voiceless communities huddled around so-called “backwater” hospitals in Ethiopia and, to a lesser extent, inner-city America. And just like the real-world HIV victims who return to rural hometowns from the big-city lights and blights of places like San Francisco, the unmoored characters in Cutting for Stone are in search of familial love and acceptance. The people—real and fictional—who populate Verghese’s compassionate novel grow to understand that home is “not where you are from, but where you are wanted.”

The novelist does not evenly distribute his ardor for home between his place of birth (Ethiopia), his place of ancestors (India), and his place of work (United States). Ethiopia is rendered vividly and lovingly—a brutally real, and at the same time romantically mythical, world of rare, thin air that Verghese’s characters breathe into their bones. India is glancingly considered through sepia-tinged memories of R. K. Narayan’s Malgudi stories. And the no-nonsense business of the American brand of medicine (humorously punctuated with Indian Foreign Medical Graduates) is presented as an earnest trampoline from which Verghese’s protagonist—Marlon Stone—bounces to return to his beloved African home.

The prologue to the novel is a sly synopsis of the arc of Marion Stone’s life. Much like a book review, the prologue hints at much of the story, but doesn’t give away the specifics that give life its full meaning. In the way that one might enjoy samosas both before and after a full meal, it is a treat to re-read these opening pages after completing the novel. But since eating too many of the appetizers in advance of dinner can spoil the efforts of the master chef, this review will only briefly render the lives that inhabit Cutting for Stone.

Marion Stone’s story begins rather inauspiciously in an Addis Ababa mission hospital: he is born fused at the head with his twin brother, Shiva. While the birth involves a risky operation because one whole being has to be cleaved in two, life outside the womb presents greater separation. Marion and Shiva’s biological parents are unlikely lovers: Thomas Stone, a stoic surgeon whose loveless childhood in India stole from him the ability to express affection, and Sister Mary Joseph Praise, a nun whose Carmelite calling constrained earthly passions. Sister Mary dies in childbirth, and the grieeful stricken Stone flees from Ethiopia after softly saying about his sons, “Please get them out of my sight.”
Verghese affectionately gives life to Marion and Shiva in the loving hands of their nurturing adoptive parents, Hema and Ghosh. Both parents practice medicine at the Mission Hospital, which charmingly is called “Missing Hospital” because “Mission” is a word that on the Ethiopian tongue came out with a hiss so it sounded like ‘Missing’.” It is this knowing fondness that imbues life in, and around, the hospital.

Verghese is a sympathetic story-teller who seems incapable of creating flat, unidimensional characters. Whether major or minor, the people in his novel are memorably alive. Hema is an obstetrician whose gift is not only to bring life into the world, but also to balance that professional calling with a protective maternal instinct. Her gynecological training and practical instincts (“The Hippocratic oath is if you are sitting in London and drinking tea. No such oaths here in the jungle.”) find an astute student and son in Shiva. As for Ghosh, “practicing medicine and teaching medicine were completely connected,” and it is this connection and his paternal love that enable him to pass along his calling to Marion.

In and around the home they make for Marion and Shiva, Hema and Ghosh have an extended family: the solid, unavering Matron of Missing Hospital, the priestly Gebrew, the serving-yet-never-servile Almaz, the Eritrean Rosina, and her precocious daughter, Genet, who teaches (and un-teaches) Marion about love. There are many in the outer circle, including Ethiopian Emperor Haile Selassie, whose long reign and the revolts that followed it serve as the novel’s background, giving Cutting for Stone an autobiographical feel.

Indeed, Verghese writes like a memoirist who has lived a blessed life: even the spoiled fruit do not seem to upend his apple-cart. It is not that Verghese doesn’t see the shadow side of humanity, but rather that he understands that the mistakes we’ve made—the errors in judgment and the ethical lapses—make us fully human. In suggesting that “life is in the end about fixing holes,” he writes both literally about the surgeon’s profession and metaphorically about the work of living that we all do. “We are all fixing what is broken. It is the task of a lifetime. We’ll leave much unfinished work for the next generation.”

From his work with AIDS patients to his teaching medical students to be more compassionate, Verghese has done much in his professional life. He has also found time to write books that are required reading in the curricula of pre-med and medical students; Cutting for Stone is a welcome addition to what is now a physician’s literary triptych.

But even if you are not a doctor or planning a career in the caring profession, as a consumer of medicine you may be wondering about the question at the end of the opening paragraph: what treatment in an emergency is administered by ear? The question was asked by Dr. Thomas Stone and answered by his son. Dr. Marion Stone’s response—“words of comfort”—echoes the answer to this book reviewer’s question: What does a gentle, empathetic novel such as Cutting for Stone consist of? Words of comfort.

For all of RCO’s care-giving physicians: ranging from the midwife who earned 20 rupees and a sari per birth to Deepinder Singh, M.D., whose care is priceless—with Drs. Kumar, Raman, Gordon, Bhargava, Culp, Rachamallu, and Prasad in between.
Cutting for Stone

By Abraham Verghese (Chatto & Windus (Random House), 534 pages, $37.99)

Reviewed by Tracy Neal - Nelson
Last updated 13:31 24/06/2009

African-raised and Indian-trained doctor Abraham Verghese has subscribed to the fail-safe formula of writing a good story - write about what you know.

Cutting for Stone traces the lives of conjoined twins Shiva and Marion Stone, abandoned at birth by the grim death of their mother, Sister Mary Joseph Praise, and the sudden disappearance from the remote Ethiopian hospital of her paramour, British surgeon Thomas Stone.

Verghese, who was born and brought up by Indian parents in Ethiopia and is now professor of medicine at Stanford University in California, has written an epic political drama based loosely on his own career and country. The story is told mainly through the eyes of Marion, the more sensitive of the twins and who suffered the most from the void left by his father and the pre-adolescent actions of his more gregarious brother.

The culturally exotic setting in "Missing" (phonetic derivative of Mission) Hospital in Ethiopia's Addis Ababa in the years following World War II and leading up to political revolution would present many surprises to readers unfamiliar with the era and country. A strong European influence, particularly Italian, busts the notion that Ethiopia has been a poverty-stricken and starved nation all its existence.

The Indian nun and "hawk-eyed" English surgeon forge an unbroken bond during the 1947 passage across the Indian ocean from Madras to Aden. Stone almost dies of seasickness on the storm and disease-stricken steamship Calangute and the God-fearing nun, ignorant to her sensual power, nurses him back to health.

Impressed, he convinces her to change plans about staying in Aden, and she heads to Addis Ababa.

What follows, and continues through the story, is the mystery surrounding the twins' existence, because Sister Mary Praise lived an apparently chaste life.

Stone writes in medical terms, which is sometimes confusing to the lay reader, but descriptions of the surgical procedures in the primitive Missing Hospital are engrossing, including that surrounding the twins' brutal and shocking delivery.
The twins, who throughout much of the book are known singularly as ShivaMarion, were joined at the head, but successfully delivered by the heroic and brilliant female obstetrician at the hospital, Hema.

After the life-threatening operation to separate them soon after birth, and the rapid departure of Stone, Hema and the loyal Ghosh - Missing's other surgeon, whom she finally gives in to - become a strong focus of the story.

Verghees writes in the beautifully lyrical form that is peculiar to many Indian writers, but the style is lost once his central character, Marion, escapes to the United States and an internship in a large New York hospital.

The scholarly nature of its central characters is softened by a deep understanding of the human condition, which makes it a book that is hard to put down at night.

Tracy Neal is a reporter on The Nelson Mail.
A Scalpel's Slice of Life
By Chloe Malle for Tadias Magazine
Tuesday, June 2, 2009

I. The Hippocratic Oath
The title of Abraham Verghese's first novel, Cutting for Stone, is intriguing, perhaps unrewardingly so. In the book's epilogue, Verghese, a surgeon and professor at Stanford Medical School, closes with the following explanation, "Medicine is a demanding mistress, yet she is faithful, generous, and true [...] every year, at commencement, I renew my vows with her: I swear by Apollo and Hygieia and Panacea to be true to her, for she is the source of all...I shall not cut for stone."

In an interview he clarifies, there is a line in the Hippocratic Oath that says: 'I will not cut for stone, even for patients in whom the disease is manifest.' It stems from the days when bladder stones were epidemic, a cause of great suffering, probably from bad water and who knows what else. [...] There were itinerant stonecutters—lithologists—who could cut either into the bladder or the perineum and get the stone out, but because they cleaned the knife by wiping it on their blood-stiffened surgical aprons, patients usually died of infection the next day. Hence the proscription 'Thou shall not cut for stone.' [...] It isn't just that the main characters have the surname Stone; I was hoping the phrase would resonate for the reader just as it does for me, and that it would have several levels of meaning in the context of the narrative.

The lyrical sound of the title and its poetic medical significance are certainly convincing, however, I am not sure to what extent this title pervades multiple layers of the narrative as Verghese intends it to. Certainly the title confirms the intrinsic, if not central, role of medicine in the novel. Stone is the shared name of the three main characters but 'cutting for stone' is the name Verghese bestows upon the equally important character that medicine and surgery personify in the novel. But beyond rhetoric the title does not resonate emotionally throughout different levels of meaning in the novel.

The novel is rich and warm like the womb that opens the central conflict of the story, or like quicksand, disabling you from exiting Verghese's world until the last page of the text.

The essence of Cutting for Stone is divided between Marion's coming of age and Ethiopia's. It is also tinged with a desire for the magical to impart its warmth and weakness upon the real. One of the most attractive things about Verghese's first novel is the emotion the book evokes, the womblike comfort within its pages.

The novel recounts the story of Marion and Shiva Stone, Siamese twins separated at birth by their surgeon father, Thomas Stone. In the realm of magical realism the twins are born attached at the skull and almost as soon as they are separated from each other they are separated from both parents as well. Their mother, Sister Mary Joseph Praise, a nun working at a mission hospital in Addis Ababa, dies in childbirth. No one in the hospital was aware of her pregnancy, not even the presumed father, Dr. Thomas Stone. Stone, Mission Hospital's main surgeon, disappears grief-stricken immediately after Sister Mary's death. The twins are orphaned before they leave the delivery room only to be swiftly rescued by the Indian Ob-Gyn, Hema, and her soon-to-be husband, Dr. Ghosh. The plot is a rambling coming of age story that tracks Marion and Shiva's childhood and rise to adulthood set against the background of Ethiopia's turbulent political climate. The novel crosses three continents, coming to a treacherous climax in New York City.

It is no coincidence that Verghese was born and raised in Addis Ababa to Indian parents around the same time as his protagonist. Verghese's own biography closely reflects that of the protagonist twins in his novel.

Part II: The African Bildungsroman
Cutting for Stone, knowingly or not, follows the formula of the German literary genre, the bildungsroman. The German Enlightenment term, coined by German philologist, Johann Morgenstern, refers to a genre of novels that
follow a similar plotline mapping the psychological, moral and social development of a, usually young, protagonist. Examples of this range from the revolutionary model, Goethe's *Wilhelm Meister's Apprenticeship* to Harper Lee’s contemporary interpretation in *To Kill a Mockingbird*. Verghese’s novel follows the bildungsroman formula almost exactly: the protagonist matures from child to adult, this maturation is long and arduous and rife with challenges and conflicts, eventually one or all of these conflicts forces the protagonist to flee their home and begin a personal odyssey. The independence and demands of this journey are what eventually enable the protagonist to integrate comfortably and successfully into society. I will not map out Marion Stone’s corresponding steps in hope that you will map them yourself whilst reading the book.

In *The Situation and the Story*, writer Vivian Gornick explains, “there is the story and then there is the situation, the writer must be aware of both.” In *Cutting for Stone* the story is Marion’s coming of age, the situation is Ethiopia. But it is not that simple. The story is also Ethiopia’s coming of age and these two wide-eyed adolescents—no not the twins, Marion and Shiva—Marion and Ethiopia, must mature in their own individual ways.

*Cutting for Stone* is by all measures a novel about Africa, but it is more importantly a novel about daily life and about growing up. It just so happens that our protagonist experiences daily life and grows up in Africa. Like the British Romantics, Verghese emphasizes the importance of place as well as plot and character, acknowledging their inherent union. Ethiopia is a central driving force of the narrative. It is the ghost character, like Thomas Stone, omnipresent yet never quite defined. Like the twins who center the story, the setting of the narrative is divided; it is at once the coming of age of Marion and the coming of age of Ethiopia. With creative chronological license Verghese maps the crashing tides of Ethiopia’s political climate throughout the twenty-five years of Marion and Shive’s youth.

Ethiopia is a character like a magical realist creation, her intrinsic parts are outlined and detailed, but they are detailed in emotion, not in reality. Verghese writes Ethiopia like the regal male peacock adorned with all his iridescent feathered glory, when in fact, she more closely resembles the unplumbed female by his side. As readers, we enter that magical reality, coming to understand a place most of us do not know as if it is our own. Early in the novel Verghese describes Ghosh’s introduction to Ethiopia, “Ghosh didn’t understand any of this till he came to Africa. He hadn’t realized that Menelik’s victory had inspired Marcus Garvey’s Back to Africa Movement, and that it had awakened Pan-African consciousness in Kenya, the Sudan, and the Congo. For such insights, one had to live in Africa.” For such insights one had to live in Africa or in Verghese’s epic novel.

While reading I wonder if there is a sense of guilt involved for Verghese, if this ode to Ethiopia is a tax or homage owed to a fatherland—I use the expression fatherland rather than native land, or birthplace, because of the ambiguity and driving force that very subject ignites throughout the novel. In an interview Verghese reveals,

Even in this era of the visual, I think a novel can bring out the feel of a place better than almost any vehicle. […] I also wanted to convey the loss many felt when the old order gave way to the new. Ethiopia had the blight of being ruled by a man named Mengistu for too many years, a man propped up by Russia and Cuba. My medical school education was actually interrupted when Mengistu came to power and the emperor went to jail. As an expatriate, I had to leave. It was my moment of loss. Many of my medical school classmates became guerilla fighters who tried to unseat the government. Some died in the struggle. One of them fought for more than twenty years, and his forces finally toppled the dictator. Meles Zenawi, now prime minister of Ethiopia, was a year behind me in medical school.

While it is the omnipresence of Ethiopia, coming of age, and personal conflict that drive the novel there is also a very poetic emphasis on what is not present. Absence is a prevalent motif throughout the novel. The theme of things missing from the story is prevalent throughout the novel, things happening offstage like in Greek tragedy, or not at all. Until the end of the novel there is never any confirmation of Marion and Shiva’s conception. Three chapter titles are dedicated to absence: Missing Fingers, Missing People, Missing Letters.

**Part III: The Writer’s Reader**

There is no doubt about it; Verghese is a lyricist whose way with words rivals his mastery of the scalpel—though I cannot attest to this as I have never had the opportunity to be operated on by him. Indeed, he is a prose poet whose manipulation of words makes every minuita an event of Biblical and lyrical proportions. It is the sanctity of his syntax, the deliberate and precise choice of words and their order in the sentences in which they appear that sets his novel apart, forcing even the least interested reader to continue turning pages, trance-like and mystified. Simple sentences such as the following are rendered at once wholesome and cavernous by the depth and simplicity of his language. Of Ghosh’s barber Verghese writes, "One never doubted for a moment that it was
Ferraro’s destiny to be a barber; his instincts were perfect; his baldness was inconsequential.” Many writers are lauded for their attention to detail, Verghese is to be praised for his dedication to detail. To Verghese, life is indeed, in the details.

The Baton Rouge Advocate writes, “Clearly Verghese paid attention in English Lit 101. He begins this enthralling novel with an opening sentence that is so full of implication it’s practically Dickensian.” It is true that Cutting for Stone can be read as a rote of mastered literary techniques and signatures. The scent of scribes past is at once foetid and intoxicating across the pages. Their influences and identifying traits mark Verghese’s pages, just as the archive of great writers mark every work of fiction, to its benefit or detriment, depending on the skill of he or she who whittles those influences into something they can use to better illustrate their essence of their own novel.

Most reviews of Cutting for Stone, including this one, cite different authors Verghese has drawn influence from, some as a critique of his writing, some as an accolade. Different historical-literary genres shutter through the critics’ lens like a widening aperture. While I don’t disagree with these comparisons I do believe that they distract from Verghese’s own brand of willing, one that may in turn be imitated in its own right.

Many critics have accused Verghese of foraging unsuccessfully into the realm of magical realism and according to Mexican literary critic Luis Leal they may be correct. Leal argues, “Without thinking of the concept of magical realism, each writer gives expression to a reality he observes in the people. To me, magical realism is an attitude on the part of the characters in the novel toward the world [...] If you can explain it, then it’s not magical realism.” But won’t any child’s reaction to the world will be magical tinged by the real or vice versa, otherwise, how would we absorb and understand it all? For me one of the most beautiful qualities about the novel is Verghese’s ability to recount fifty years through the eyes of a child, with wonder, whimsy and heartbreak. This being said, the epic, rambling pace of the novel would be better executed with Verghese giving in to the story’s demand for a magical realist telling. Instead, the novel’s all too realist tone is difficult to swallow alongside its magical and leaping storyline. Imagine Paul Farmer writing Love in the Time of Cholera and you can begin to imagine Verghese’s first foray into fiction.

While literary forefathers stalk like quill-tipped ghosts across Verghese’s pages the real muse is medicine herself. The danger in this is that it risks losing the mystical tone the novel has so successfully created. Verghese’s fault lies in him knowing too much, the over-realism of his medical descriptions blunt the magic of the rest of the novel.

Indeed, too much medicine takes the magical out of realism. During passages such as the following my rapture is dulled completely,

With the colon swollen to Hindenburg proportions it would be all to easy to nick the bowel and spill feces into the abdominal cavity. He made a midline incision, then deepened it carefully, like a sapper defusing a bomb. Just when panic was setting in because he was going nowhere, the glistening surface of the peritoneum—that delicate membrane that lined the abdominal cavity—came into view. When he opened the peritoneum, straw-colored fluid came into view. Inserting his finger into the hole and using it as a backstop, he cut the peritoneum along the length of the incision.

It is as if Verghese believes the only currency he can trade with is his knowledge of medicine. I only wish his confidence in the poetry and lyricism of his writing was enough for him to abandon his crutch of medical vernacular.

There are moments though, when his descriptions leave the kingdom of Gray’s Anatomy and help the non-medical understand medical problems, such as the enigmatic and complex problem of obstetric fistula. Verghese’s haunting and powerful description of the arrival of a young girl with fistula to the mission is one of the most powerful in the book.

An unspeakable scent of decay, putrefaction, and something else for which words remain to be invented reached our nostrils. I saw no point in holding my breath or pinching my nose because the foulness invaded instantly, coloring our insides like a drop of India ink in a cup of water. In a way that children understand their own, we knew her to be innocent of her terrible, overpowering odor. It was of her, but it wasn’t hers. Worse than the odor (since she must have lived with it for more than a few days) was to see her face in the knowledge of how it repulsed and revolted others.

Verghese’s surgical sword is double-edged and while it jars the melodic pace of the rest of the novel, it is for the
most part an important addition to the story and soul of the book.

Part IV: The Dueling Careers
A journalist interviewing Vergheese asks, "Was there a single idea behind or genesis for Cutting for Stone?"

Vergheese's complex answer was the following, "My ambition as a writer was to tell a great story, an old-fashioned, truth-telling story. But beyond that, my single goal was to portray an aspect of medicine that gets buried in the way television depicts the practice: I wanted the reader to see how entering medicine was a passionate quest, a romantic pursuit, a spiritual calling, a privileged yet hazardous undertaking." Vergheese cares for his characters in the same way an ideal surgeon would, he feels for them. The Economist critiques, "surgery is indeed a wonderful metaphor, but it should be wielded with precision."

He continues, "I wanted the whole novel to be of medicine, populated by people in medicine, the way Zola's novels are of Paris."

Indeed, medicine is the medium through which the tale is propelled forward, the catalyst to characters' coming of age and falling apart.

Not by coincidence, Vergheese's life parallels that of the twin protagonists in the story. He executes a balancing act between two careers, conjoined unknowingly like Siamese twins, but unlike Thomas Stone, while Vergheese fathered these twins, he did not abandon them, he raised and nurtured them to grow into unique but also inherently linked careers.

Cutting for Stone deftly conveys the eerie and perhaps poetic similarity between the seemingly disparate vocations of surgery and writing. As Vergheese writes of Ghosh in the novel, "he had a theory that bedroom Amharic and bedside Amharic were really the same thing: Please lie down. Take off your shirt. Open your mouth. Take a deep breath and the language of love was the same as the language of medicine."

Like medicine, writing is in the details. Describing Thomas Stone during the birth of his Siamese twins, Vergheese has the patience to describe, "His hair was parted on the right, a furrow that originated in boyhood with every tamed by the comb to know exactly which direction it was to tilt." Like medicine, writing is about people, about being interested by people, by humanity. Interviewed Vergheese concludes, "The beauty of medicine is that it is proletarian, and its prime prerequisite is that you have an interest in humanity in the rough." Though Vergheese counters, "I think sometimes we make too much of the doctor-writer business—it's in danger of becoming a cliché. I've not put MD behind my name on any books, except one that was called Infections in Nursing Homes and Long-Term Care Facilities. Unless I'm writing a diet book or a textbook like the one above, the doctoring seems kind of irrelevant—the writing has to stand on its own, don't you think? [...] I remember hearing the aphorism 'God is in the details' both in medical school and at the Writer's Workshop. When we see a patient we take a 'history'—the word 'story' is in there.

Part V: The Writer is I
In an interview Vergheese explains, "To paraphrase Dorothy Allison, fiction is the great lie that tells the truth about how the world really lives. It is why in teaching medical students I use Tolstoy's The Death of Ivan Ilych to teach about end-of-life issues [...] A textbook rarely gives them the kind of truth or understanding achieved in the best fiction."

As a child I owned a children's book called, Lives of the Writers with 19th century Daumier-style caricature drawings of all the great writers in history and a brief but biting one-page biography of each author. Some quirky anecdote or sibling rivalry, information we, ostensibly, could not read from their books. Or could we? Is not every novel a life of the writer? Vergheese's certainly is.

By the end of the novel, the only thing lacking is a comprehensive biography of the man whom we cannot imagine having invented, nor even vicariously living the events detailed in these pages. The voice is too strong, the involvement too deep.

If it is, in fact, fiction then Vergheese has achieved a feat indeed, he has made the living narrator out of the page. I don't believe that is the case, I believe all of Marion Stone is Abraham Vergheese, the question is, how much of Abraham Vergheese is Marion Stone? Vergheese includes a foreword and an afterword, but what I want is a during. I want a detailed autobiography of Vergheese, to cross check the maternal or identical twin-ness of the writer and the written. Though maybe that is too much to ask, similar perhaps to asking a doctor to betray the Hippocratic oath.
About the Author: Chloe Malle is a freelance journalist currently based in Addis Ababa, Ethiopia where she teaches English as a Second Language and assists an American physician at the local Mother Theresa Clinic. Chloe studied creative writing and comparative literature at Brown University. She likes all animals except rodents and enjoys beading and collaging in her free time. Please contact her with any Ethiopian queries or article assignments at Chloe.Malle@gmail.com.

Tadas Magazine is the leading lifestyle and business publication devoted exclusively to the Ethiopian-American community in the United States. The word Tadas is a popular casual greeting among Ethiopians. It means "hi," "what's up?" or "how are you?"
A passion for healing

By Barbara Black, The Montreal Gazette
February 13, 2010

A good novel by a physician is a rare thing, perhaps because medicine is such a demanding mistress. Abraham Verghese is a triple threat: a fine writer with an unusual background and a passion for healing.

Born in Ethiopia, Verghese studied medicine there and in his ancestral home, India. Like many such graduates, he fulfilled his internship in a less-favoured hospital in the United States. Now he's a professor of medicine at Stanford University.

He also found time to attend the prestigious Ohio Writers Workshop and publish two non-fiction books. My Own Country was about becoming an HIV/AIDS expert in East Tennessee in the 1980s. The Tennis Partner was about the disintegration of his first marriage and the struggle of a physician friend with drug abuse. Both books were highly praised. This is his first time cut as a novelist.

It's an absorbing story told by a boy who, like Verghese, grows up in Ethiopia and becomes a surgeon. Marion Praise Stone and his twin brother, Shiva, are born to an Indian nun in a bare-bones Ethiopian hospital. Their mother dies in childbirth. Their father, a British surgeon called Thomas Stone, has a breakdown and disappears, but the boys find a loving home with a couple of doctors and their faithful staff.

Dramatic events ensue, including the Eritrean uprising against the Ethiopian government, in which Marion is ensnared through his love for a Genet, a childhood friend who has become a student rebel. Years later in the United States, Marion encounters, quite by accident, his biological father and his lost love.

These would seem to be absurd coincidences were it not for the author's skill at drawing us into the story. The seven main characters come alive as individuals, and medical procedures and conditions as various as breech birth, vasectomy, twisted bowel, vaginal fistula and female genital mutilation are vividly described.
Cutting for Stone

A doctor/author creates "characters who are larger than life yet painfully human."

By Nalini Iyer

Many readers know Abraham Verghese as the author of the memorable "My Own Country" about working as a doctor in eastern Tennessee. My Own Country was an NBCC finalist and 1994 best book for Time; his second work, "The Tennis Partner" was a New York Times Notable Book. "Cutting for Stone" is his first novel. Like his non-fiction, the central focus of this work is also the practice of medicine. The novel's heroic and compassionate doctors bring to mind W. Somerset Maugham's "Of Human Bondage", a work that Verghese acknowledges as having influenced him.

The novel is long and has a complex yet clear plot that spans several decades. The central character and narrator of some sections is Marion Praise Stone, the child of an English surgeon and an Indian nun who meet on board a ship bound to Ethiopia and eventually work at Missing (Mission) hospital in Addis Ababa in the 1950s.

Marion and his twin, Shiva, arrive precipitously when the resident obstetrician, Hema, is in the midst of an air crash on her way back from India. Sr. Mary Joseph Praise, the mother, had managed to keep her pregnancy secret even from the father of the children until she went into labor. The absence of the other resident surgeon, Ghosh, compels the father, Thomas Stone, to try and deliver the babies. Even as he is botching the birth and nearly kills one of the babies, Hema arrives, the children are born but their mother dies and their father leaves the hospital never to return.

Abraham Verghese

The children are raised by Hema and Ghosh, who eventually marry for one year at a time, and are raised in a household supported by two women—one Eritrean with a daughter of her own and a childless Ethiopian woman. In this gloriously cosmopolitan, eccentric, and multilingual home, the twins grow up each with his own talents but connected by that mysterious ability of twins to communicate. Through the lives of the children, we learn of Ethiopia's colonial history, the rise of Emperor Haile Selassie, the problems of Eritrea, the crisis of poverty and health care that haunts the people, and the heroic and compassionate abilities of two doctors to serve a people whom they have adopted as their own. The twins both develop a passion for medicine and while Marion studies medicine formally, Shiva apprentices himself to Hema and becomes an excellent surgeon who specializes in fixing fistulas. Both brothers are attracted to Genet, their Eritrean nanny's child, and their rivalry splits them just as Eritrea rebels against Ethiopia. Marion is falsely accused of treason and escapes with the help of Eritrean guerillas to America where he trains at an impoverished Bronx hospital. The plot wends its way in near Dickensian perfection to a father-son reunion, a twins reconciliation in a moment of medical glory (an event worthy of tabloid journalism), and the novel ends with some sorrow, some joy, and a lot of plot twists.
A plot summary does not do justice to the wealth of characters and the dense details that make this novel such a wonderful read. The author creates characters who are larger than life and yet painfully human; in a world often short on heroes, this novel offers us a plethora of admirable characters. A word of caution to the skittish reader—if you were a fan of the TV show “ER” and follow the medical details of surgeries on “Grey’s Anatomy” and enjoyed high school biology lab, you will enjoy the gory details of fistula surgeries and effects of volvulus. If not, proceed with caution—the author is a doctor who loves the practice of medicine and makes medical details readable and comprehensible to the ordinary reader, but there is occasionally a little too much realism!

Nalini Iyer is Associate Professor of English at Seattle University where she specializes in Postcolonial Studies with an emphasis on South Asia. She has written numerous scholarly articles and book reviews on South Asian literature and her upcoming book, co-edited with Bonnie Zare is Other Tongues: Rethinking the Language Debates in India (Rodopi, 2008).
Cutting for Stone
By Abraham Verghese

Author of the much-praised medical memoir My Own Country, Verghese, who is a doctor as well as an author, now offers an expertly composed first novel about missionaries in India and Africa. In 1947, Sister Mary Joseph Praise leaves her missionary post in India to take a new position in Yemen. Traveling by ship to her new home, she saves the life of a fellow passenger—an English physician named Thomas Stone. Their meeting proves a fateful one, as Sister Praise comes to realize when she and Thomas are reunited at a hospital in Addis Ababa. Years later, she dies giving birth to twins—sons named Shiva and Marion, who are raised in Addis Ababa in an atmosphere of political upheaval. Their adopted parents are doctors at the local hospital, and the boys are raised within the confines of the medical complex. Marion serves as narrator for this poignant novel, recounting the story of how his foster parents met. As the two brothers become doctors themselves, they find that their destinies are bound up in each other and in the place they call home. Covering a 50-year span, Verghese’s accomplished novel has plenty of narrative momentum, moving smoothly between exotic locales and exploring ambitious themes of race, identity and family. An insightful and assured writer, Verghese writes from the heart about medicine and politics—timely topics that are clearly dear to him.

A reading group guide is available online.

Cutting for Stone
by Abraham Verghese

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Fiction
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Coincidence, Karma or Providence?
2009-08-26
Author: John Coleman, S.J.

Rarely in recent memory has a novel so captivated me—even hooked me—as Abraham Verghese’s *Cutting for Stone*. I knew the book was getting to me when I began to violate my almost stereotypical routine for reading novels. Normally, I read a novel, each day, seriatim, for thirty minutes on the stationary bike. Unusually, if ever, do I break this pattern to pursue the novel at other times. Even novels that I have much enjoyed, like Colm Toibin’s *Brooklyn* and Doris Lessing’s *The Sweetest Dream*, never really enticed me to interrupt this daily ritual. But *Cutting for Stone* lured me to read it into the solitary depths of the night, so enamored was I by its story and characters. I also can count on one hand the times I have literally cried over the death of a beloved character in a novel. *Cutting for Stone* brought tears to my eyes at the death of Dr. Abhi Ghosh, the beloved, wise and humane foster-father of the novel’s main narrator.

Perhaps, it is a bit much, as Simon Schama does in his review of the novel in *The Financial Times*, to compare Verghese to Tolstoy (although Schama hardly thought it stretching too much to do so). Yet in his review for The Sunday Telegraph, Richard Eyre ups the ante by saying: “if comparisons with another writer have to be made, its blend of intensely realized detail, adventure, myth, wit, drama and poetry reminded me of Shakespeare.”

The novel recounts the life and the coming of age as a surgeon of Marion Stone, the narrator. He was born, in unusual, even scandalous, circumstances, as a breech birth to a Carmelite Indian nursing nun and a British physician father. Conjoined at the head, in birth, with an identical twin brother (Shiva), Marion and Shiva are lovingly raised by two surrogate parents, Ifema and Ghosh, both Indian doctors working in a Catholic hospital in Addis Ababa. The hospital is called “Missing,” representing a typical Ethiopian hissing mispronunciation of “mission.” The novel also involves a missing father, Thomas Stone, who bolts in shame and consternation at the death of the nun, Sister Mary Joseph Praise. At the time of the twins’ birth, Stone appears, surprisingly, unaware that he is their father and that, in a reckless, if partially unconscious, act during his own convalescence from a mental breakdown, he has perpetrated what eventually caused the ultimate death of the lovely nursing nun.

The novel is also a story of place. We catch glimpses of India (Madras) where the main characters originate before migrating to Missing Hospital. I have never been to Ethiopia but Addis Ababa is vividly portrayed: its souks, markets, geography, sounds and people. Set first in 1954 (the date of the birth of the twins), the novel—best described as a wondrously sprawling saga—carries on to the fall of Haile Selassie and the rise of General Mengistu’s military dictatorship and its eventual overthrow. Later the novel shifts us to the South Bronx where Marion Stone takes up a residency in another Catholic hospital in the middle of a poor neighborhood, rife with crime and guns. As Verghese has elsewhere noted, such poor hospitals in America have typically depended on imported foreign doctors for their sustenance.
The novel teems with interesting characters. Matron Hirst, the nun who runs Missing hospital, is sensible, jovial and humane—in the very best sense a matron. Gebrew, an illiterate handyman and guard at the hospital, is also a pious priest of the Ethiopian church. Rosina and Almaz watch over the twins as nannies. Tsige, a bar girl who works near Missing, ultimately reinvents and saves herself in America where Marion, fatefuly, re-encounters her. Genet, Rosina’s daughter and the great love of Marion’s life, eventually becomes a rebel against the Mengistu regime, endangering Marion’s life as her known close friend.

Most of all, Cutting for Stone is a spiritual novel. I mean that in several senses. It captures the sense of a young man’s lure to become a doctor as a true spiritual calling as a healer. In one place, Marion says he became a surgeon less with the intent “to save the world as much as to heal myself.” Brought up at the Addis Ababa compound of Missing, parented by two doctors, Marion’s boyhood “imparted lessons about resilience, about fortitude and about the fragility of life. I knew better than most children how little separated the world of health is from that of disease, living flesh from the icy touch of the dead.” He learns that lesson personally from his mother’s untimely death and from his own near scrape with death, when, by an unexpected fate, he falls into the saving hands of the father who abandoned him and a selfless act of his brother Shiva from whom he had become estranged.

Many sections of the novel describe, often in great, even gory, detail, surgical operations. The particular brutalities of the twin’s breech birth and their mother’s death are especially graphic. Some readers and reviewers have complained that the technicalities about operations on livers or the removal of fistulas from women’s wombs turned them off. In an interview with Tina Brown, Verghese, himself a doctor who teaches at Stanford’s School of Medicine, explains his reason for such technical detail: “I think it is risky but one of my favorite series of novels is C.S. Forester’s Hornblower series... The details are so dense. I’m not a sailor and I don’t know what he’s saying fully most of the time, but it did not matter because there was an authority to that detail that allowed me to really feel I was on that ship and I was fighting the French. So I think readers enjoy details even when they don’t completely understand them.” Verghese’s great achievement in this novel is to make the reader feel there is really something at stake in the lives of these surgeons: birth, love, death, war and loyalty.

Verghese has long championed doctors’ seeing their patients as individuals and profoundly human, not just symptoms. Otherwise, as his fictional physician says: “The patients become ‘the diabetic in bed two’ or ‘the myocardial infarction in bed three.’” One of the novel’s physicians insists on asking: “What treatment is offered by ear in an emergency? Words of comfort!” Cutting for Stone honors the extraordinary, complex work of surgeons while, all the while, allowing us to see them as still ordinary men and women.

Cutting for Stone is spiritual in a deeper sense. Marion comes to see what seem to be mere coincidences as both connected and pregnant with meaning. He realizes that passing through one door rather than another has consequences. Here, too, some reviewers reacted negatively. I rather thought, that like Augustine in The Confessions, Marion Stone, at fifty, came to see a meaningful pattern to what, earlier, seemed mere happenstance. Perhaps, as a son of a Hindu foster mother, Hema, Marion was steeped in some sense of karma. More likely, he presents a vivid sense of providence—God acting and leaving his traces in the sins, choices and directions of a life.

Throughout the novel, a recurrent object of attention is a reproduction, in Sister Mary Joseph Praise’s room, of the famous Bernini “Ecstasy of Saint Teresa”. At one key point it becomes an object for the possible redemption of Marion’s father, containing behind its picture frame a final letter of Marion’s
mother to his father. In the end, Cutting for Stone is profoundly a novel of redemption and forgiveness. In that sense, I found apt the remarks of W. Ralph Eubanks in his review in The Washington Post: "I felt as though I were with these people, eating dinner with them even, feeling the hot spongy injera on my fingers as they dipped it into a spicy wot. In The Interior Castle, Saint Teresa’s work on mystical theology, she wrote: 'I began to think of the soul as if it were a castle made of a single diamond or of very clear crystal, in which there are many rooms, just as in Heaven there are many mansions.' Cutting for Stone shines like that place."

John Coleman, S.J.
About the book

Abraham Verghese

Cutting for Stone (2009)

Abraham Verghese (Author)

Award Winner

Cutting for Stone: A Novel tells the story of a love affair between a young nun and a handsome doctor. Sister Mary Joseph Praise's life is changed forever when she meets a young British doctor on a ship from Kerala to Yemen. When Thomas Stone falls ill, Mary saves his life. Thomas is grateful and impressed by the young nun's nursing skills. He offers her a position at the hospital he is working at in Ethiopia. She turns him down, but a tragic event in Yemen sends her running to the hospital for help. The two become professional partners and secret lovers. Mary becomes pregnant, but keeps it a secret from the doctor until he is called in to save her during childbirth. When Mary loses her life, Thomas gives his twin sons up for adoption. Years later, one of the twins, Marion, searches for the truth about his identity.

MAIN CHARACTERS:

Mary Joseph Praise, Lover (of Thomas Stone), Mother (of Marion and Shiva), Religious (Nun), Thomas Stone, Doctor, Father (of Marion and Shiva), Lover (of Mary), Marion, Brother (of Shiva), Doctor, Narrator, Orphan, Son (of Thomas and Mary), Shiva, Brother (of Marion), Doctor, Orphan, Son (of Thomas and Mary)

SUB GENRE:

Family Saga

SETTING(S):

India, Asia, Ethiopia, Africa, New York, United States, North America, East Coast (America)

SUBJECT:

Religion, Medical professions, Seduction, Love, Deception, Orphans, Death, Family history, Sibling rivalry, Brothers

TIME PERIOD:

20th century AD, 1950s (Decade) AD, 1940s (Decade) AD, 21st century AD

AWARDS

Book Sense Book of the Year Award: Adult Trade Book

EXPERT PICKS

2009 in Review: Publishers Weekly's Best Fiction of the Year

RECOMMENDED SIMILAR TITLES

Beautiful Ruins - Jess Walter
Beneath the Lion's Gaze - Maaza Mengiste
Better: A Surgeon’s Notes on Performance - Atul Gawande
Black Mandela Boy - Nadifa Mohamed
Cleaning Nabokov's House - Leslie Daniels
Doctor Zhivago - Boris Pasternak
Dreams of Joy - Lisa See
East of Eden - John Steinbeck
The English Patient - Michael Ondaatje
Extremely Loud and Incredibly Close - Jonathan Safran Foer
Fall of Giants - Ken Follett
The Hand That First Held Mine - Maggie O'Farrell
In One Person - John Irving
Lights Out in Wonderland - DBC Pierre
Lipstick in Afghanistan - Roberto Gately
Little Bee: A Novel - Chris Cleave
The Lost City of Z - A Tale of Deadly Obsession in the Amazon - David Grann
My Own Country: A Doctor’s Story of a Town and Its People in the Age of AIDS - Abraham Verghese
Only Time Will Tell - Jeffrey Archer
The Sandcastle Girls - Chris Bohjalian
This Bright River - Patrick Somerville
Pettis: Tale of Ethiopian twins unusual, engaging

Posted by sun | May 24th, 2009 at 7:58 am |

Cutting for Stone" by Abraham Verghese

This unusual book tells the story of twin boys born to an Indian nun who works in a hospital in Addis Ababa, Ethiopia. Their father is the hospital’s surgeon, though he claims to have no knowledge of how the pregnancy happened. The twins are conjoined, and a Caesarian delivery is required. The nun dies, the surgeon runs away, and the twins are lovingly raised by two doctors at the hospital.

Though they are surgically separated shortly after birth, the boys remain very close in their thinking and their responses to the world. Their adoptive mother names them Shiva (for an Indian god) and Marion (for Dr. Marion Sims, an Alabama gynecologist whom she admires). Marion is the narrator of the book, and we learn about Shiva only indirectly. Their childhood and school years comprise the first section of the book.

Both boys show a strong affinity for medicine, and because they are being raised by doctor-parents on the grounds of a native hospital, they are able to fully develop their interests.

The middle of the book deals with their growth into young adulthood and their gradual estrangement from one another. The politics of Ethiopia are featured throughout this part of the book, and revolution is the reason why Marion eventually has to flee the country.

He goes to the United States, where the third part of the story continues through his internship at an under-funded New York hospital, his eventual reconnection with his father, and his uncovering of the secrets surrounding his birth.

Some parts of the story seem improbable. For example, why does Marion remain infatuated with his childhood sweetheart despite her many betrayals? Still, the epic scope of this novel draws the reader along. Because the author is a surgeon, his medical descriptions are clear and easy to understand. This is an unusual book with memorable characters.

By Kerry Pettis | (BROOMFIELD)
Stitching up the surgeon's life
A story of Ethiopia’s past half-century impresses Aida Edemariam

Aida Edemariam

The Guardian, Saturday 9 May 2009

Abraham Verghese, an Indian, grew up in Addis Ababa, has lived in Madras and various cities in America, and thus, regardless of temperament, would always have felt something of a watchful outsider. This first novel was preceded by two non-fiction books: The Tennis Partner, about his distressing friendship with a drug addict and fellow doctor, and My Own Country, a memoir of working with Aids patients in a conservative southern US town. Some of the best passages in all three books are those in which he reads the language of the body - its colours and betraying odours, its telltale pulses - and the emotions that obscure and interrupt that language.

Cutting for Stone - the phrase is from the Hippocratic oath - is about twins born joined at the head, in a mission hospital in Addis Ababa half a century ago. Their mother, a nun from Madras, does not survive the birth. Their father, a British surgeon called Thomas Stone, cannot bear the loss and flees, so Marion and Shiva are raised by two Indian doctors in the hospital where their parents worked; both become surgeons. Verghese carefully (and sometimes rather unbelievably - he is unapologetic about coincidences) interweaves their story with that of Ethiopia’s past half-century. About three-quarters of the way through, the book moves to the US - as many Ethiopians did, after the revolution that replaced the emperor with a Marxist/military regime.

While I don’t know Verghese personally, I know the streets and shops he evokes, the hospitals; I know that his setting, seemingly so rich and strange, is real. Only occasionally is there a wrong note or mis-transcription from Amharic. In fact, when I worried about anything it was for the opposite reason: when one twin becomes famous abroad for his fistula operations, it felt rather too much of an appropriation of the achievements of Reginald and Catherine Hamlin, the latter of whom was nominated for a Nobel peace prize. Surely there were other procedures to choose from? It is a little strange to move major revolutions by a year or two, just to suit your plot. And there is too unquestioning a reliance on Ryszard Kapuscinski’s The Emperor; Kapuscinski was himself an observer from another land, and he had his own agenda. (As, apparently, did whoever designed the cover: it’s the worst kind of laziness to depict an "African coastline" as if everything on that continent were interchangeable - never mind that it’s a book set in cities. What coast there was, until Eritrea gained independence in 1991, consisted of desert and volcanic rock rather than lush palm trees; Ethiopia no longer has a coast at all.)
But all the rich detail in the world is as nothing if you don't have command of emotion and narrative. One could argue, given everything from ER to House, that medicine cannot help but be dramatic, but that isn't necessarily true: Verghese's achievement is to make the reader feel there really is something at stake - birth, love, death, war, loyalty. There's no smug postmodern self-undermining (otherwise known as irony) here: the mythic arises seamlessly from the quotidian; telepathy or saintly intercessions are simply accepted - as they often are in Ethiopian life. You conserve pages because you don't want it to end.

But irony is a useful thing, too, when considered as an ability to hold contradictory meanings in suspension. Richard Eyre compared this book to Chekhov and Shakespeare, an enthusiasm presumably prompted by the variety and colour of Verghese's world, its earthiness and drama, its concreteness of detail and unselfconscious swing. And this, often accompanied by a real delicacy and honesty, is pleasing, but there was an extra element I missed: a serious playfulness of meaning, a compassion arising from an understanding of perspective and of all that cannot be controlled.

This is a book narrated by a surgeon, and structured as a surgeon might structure it: after the body has been cut open and explored everything is returned to its place and carefully sutured up - which is not, in the end, how life actually works. And, like surgery, there's a certain brutality involved, particularly evident in the novel's gender politics. Of course the narrator arises from a patriarchal society, but it is difficult not to feel discomfited by the fact that the virgin/whore/mother/passive sufferer roles of the women (particularly the Ethiopian women, who are prostitutes, or servants, or simply available and, if not, righteously punished for their wilfulness) are so unquestioned.

A major strand of the plot is the love that one twin, Marion, has for a girl he knows from childhood, Genet; but there is surprisingly little imaginative projection of what Genet might feel. Which of course is a character's prerogative - except that it was a niggle I had with The Tennis Partner as well: Verghese was recklessly honest about his feelings and vulnerabilities, but there might have been a bit more sympathy for what his friend was suffering. Perhaps this is a function of the detachment of observation and, specifically, a medical manifestation of it: a doctor must be the most attentive observer, but also, ultimately, a judge as well. And that is a tricky place for a novelist to occupy.
Hurts Only a Little Bit

Abraham Verghese’s first novel takes a wrong turn into the territory of epic love, says NISHA SUSAN

THOUGH WE spend a greater part of our lives working, few novels really examine work. In recent times Joshua Ferris explored (with a poetic first person plural voice) the tender, comic insides of an ad agency in the throes of recession. In And Then We Came to The End, Ferris dwelt on the idiosyncrasies of the inhabitants of the office as if they were all neuroses, the results of anxiety sweats. Abraham Verghese, on the other hand, writes about the lives of workaholic doctors and their eccentricities, without passing judgment. In The Tennis Partner, his second book of non-fiction, he even made a fair case that the addiction to drugs comes easily to those who chose medicine for their living, those already addicted to work.

Every major character in Verghese’s first novel Cutting For Stone, from the gajagamini Hema to Ghosh who has the charms of a kindly troll, relates to each other through work first and last. From the makeshift rooms in Addis Ababa to well-appointed American hospitals, Verghese’s favourite and central characters, are all perfectionists. And he could not imagine them any other way. Cutting for Stone unfortunately attempts to tell the story not of work, but of epic love, of love thwarted by the kind of misunderstandings found only in melodrama.

Verghese’s prose is agile, elegant and easily embraces the scale of this continent-hopping period novel, which begins in the 1940s, though it is readily apparent that he glories in cramped workplaces. The motley crew at ‘Missing’ Hospital in Addis Ababa, Abyssinia come together, from as far-ranging places as Yorkshire and Eritrea and Madras, from a desire to serve and an impatience with personal limitations. None seem to think of themselves as adventurers for eschewing comfortable lives at homes for a life in the rough and make-shift. Gratification, in Verghese’s world, is always delayed and always short-lived.

This tight little team finds their well-aimed and efficient rhythm shattered by the simultaneous events: the birth of twin boys Marion and Shiva Stone and the death of Sister Mary Praise in sudden and bloody childbirth. The central mystery of how the man who fathered a child with a nun had no knowledge of having done so is eventually revealed in a desultory way. In the event, it is not so important. In the event, no adolescent love or grown up yet out-of-step passion can compare to the relentless pursuit of improving the small practical processes of work.

If there is a love story in this novel it is neither that between Sister Mary Praise and Doctor Stone nor the annoying relationship between Marion and Genet, his childhood playmate. Both are eclipsed by the hairy, sweaty and truly romantic relationship of Doctors Hemlatha and Ghosh. Both fall into the rhythm of marriage, work and parenting like well-trained farm horses harnessed together. They emerge as the great heroes of this narrative. Both Marion’s anxieties and Shiva’s amoral genius are swept aside by this couple’s boundless energy. The observation of the crumbling work ethic in the nubile Genet is (perhaps unconsciously) the stuff of greater tragedy to Marion than her eventual loss.

Verghese’s clean prose goes a long way in keeping the reader moving at a brisk pace through a big book in which most of the dramatic action (such a Genet’s adventures as a revolutionary) is off-stage. The early larger-than-life and mildly magical dimensions to this novel settle fairly quickly into a well-told and plain tale, in which history, plot,
landscape and character are treated with affectionate competence, not to say respect. The title of the novel bewilders you in the beginning. Later, it strikes you that it must have seemed like an expedient and neat solution to a writer who needed to move on to the next project of life.

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From Tehelka Magazine, Vol 6, Issue 16, Dated Apr 25, 2009
Healing art: The long partnership of medicine and literature

Friday, 3 April 2009

In medicine, there are times when one can do nothing. The novelist can always do something. But in both cases, and seldom better exemplified than in Verghese's lovely book, there is a heart to be uncovered.

Literature is the story of the winner: the person who got it down on paper. We pride ourselves on inclusivity. People (we tell ourselves) whose voices would once have been silent or silenced are now heard. But the silent are still silent; the silenced, still silenced. It's just that we don't hear from them.

The tales of a semi-literate Aids sufferer in rural Tennessee or a promising young medic destroyed by a love affair with intravenous cocaine - the subjects of Abraham Verghese's non-fiction books - are different when told by a distinguished doctor, now a celebrated author, than when mumbled or split out by themselves. To write is to edit. The minute you put something down, you leave something out.

Now Verghese has turned from non-fiction which can read like a novel to a novel which, when in full song, reads peculiarly like fact and will probably win every award going: Cutting for Stone, (Chatto & Windus, £17.99). Open the book at random - page 280, it turns out - and here we are: "Two days after the General's execution, the hospital staff, led by Adam and W W Gonad, had a welcome-back party for Gosh. They bought a cow, hired a tent and a cook..."

Already, here are hints: the "exotic" setting, the detached language of the clinic, the names. We are in post-colonial territory, and whispers of VS Naipaul and Evelyn Waugh are rustling off the page. If we try the Page 99 Test (by page 99 of any book we should have a clear view of what the author is up to) we get a 10,000-foot view of the landscape below. A probationary nurse in the Missing Hospital, Addis Ababa (it was meant to be the Mission Hospital but a junior clerk spelt it phonetically) is noting the birth of Japanese twins ("the word 'Siamese' eluded her") who are the narrator and his brother, conjoined lightly at the scalp.

The mother, a nun, Sister Mary Joseph Praise, is dying on the delivery table. Hemlatha, the obstetrician, a stoutish woman with mesmerising green-brown eyes who has not many pages before her hand up the leg of an arrogant French DC3 pilot, twisting his balls for flight safety infractions, is injecting adrenaline into the dying woman's heart: "Whenever I've had to resort to adrenaline to the heart it has never worked... But surely it must have worked, somewhere, with someone. Why else was it taught to us?"

The twins are Marion and Shiva Stone: sons of a British father and Sister Mary Joseph Praise. Verghese's novel, narrated by Marion, leads us in a tremendous, compassionate, technically exuberant sprawl through post-colonial Ethiopia via Kenya to the US. "Post-colonial" suggests a grudging worthiness from which Cutting for Stone is mercifully free; and to mention Addis Ababa and Nairobi and JFK is as misleading as saying that Dickens wrote about London. This is a big book and, along with Naipaul and Waugh and Dickens, there is also a strong flavour of William Boyd, both in the sense of place and in the way heredity and brotherhood get their grippers into a man and shape the narrative of his life.

Yet beneath all this lies something far more curious. Abraham Verghese, like his narrator, is a doctor: a distinguished professor of medicine at Stanford University. He is an Indian brought up in Ethiopia whose journey is at least superficially close-coupled to his narrator's. It is hard, reading Cutting for Stone, to avoid that illegitimate reader's question: "I wonder if this is him?"
The point is largely irrelevant to the experience of the novel. But very early, a huge theme emerges: "I venerate the sight of the abdomen or chest laid open... It allows me to see the caballistic harmony of heart peeking out behind lung, of liver and spleen consulting each other under the dome of the diaphragm... My fingers 'run the bowel' looking for holes that a blade or bullet might have created, coil after glistening coil, twenty-three feet of it compacted into such a small space... I have yet to see the serpent's head. But I do see the ordinary miracles under skin and rib and muscle, visions concealed from their own. Is there a greater privilege on earth?"

Cutting for Stone takes its title from one of the better-known forms of the Hippocratic Oath. Anxious to preserve the distinction between physician and surgeon (the latter descended from barbers), one of the vows is: "I shall not cut for stone." To present surgery as a greater privilege than mere medicine is ironic. But it is surely true. As the descendant of a line of doctors, and a failed doctor myself - I gave up; I could give a thousand excuses but I think the real one was it was just too much hard work - and with a young doctor now coming up in the extended family, I was brought up with the sense of privilege that society extends doctors (and, alas, that doctors all too often have abused).

Doctors say things to people that, were they not doctors, would get them a punch in the eye. They do things to people that, were they not doctors, would get them a long prison sentence.

The other thing doctors do is write. It's a long list. Americans Jerome Groopman and Atul Gawande; our own Jed Mercurio; Richard Gordon in the satirical corner, but in his early books as enlightening about the reality of doing as anyone. Further back, everyone knows that AJ Cronin was a doctor, as was (though unsuccessfully) Sir Arthur Conan Doyle. But what about Schiller and Keats and WS Maugham; Chekhov and Bulgakov and William Carlos Williams; Robin Cook (Coma) and Michael Crichton (Jurassic Park); Smollett, Marat, St Luke, Carlo Levi, Oliver Wendell Holmes, Georg Büchner and Sir Thomas Browne... the list goes on and on, before we even get to those who wrote on medical or paramedical (read: sex) subjects, like Alex Comfort and Oliver Sacks.

The great majority of these doctors turned to writing instead of practising medicine. For men like Verghese (who has also written for the New Yorker, Granta, and other publications even a full-time writer would kill to get into) who is also a full-time practising and academic doctor, we can only stand back amslestruck at his energy.

It's tempting to ask why these medics turn to the pen and the MacBook. The answer, I think, is twofold. The first is that medicine, in the end, is about finding out what's wrong and fixing it - in a way, the theme of Cutting for Stone itself. Anyone who thinks that writing isn't a way of trying to do the same thing has never written, nor read with care.

But the more important thing, I believe, is that medicine, like writing, is about stories. Sometimes I wondered why I had gone into such a poor-paying, low-status trade, until I realised that not only had my father comforted me with stories when I was four and my mother terribly ill in hospital, but my upbringing had been to the background music of his stories. A woman with her leg. A man who was dying. A boy with this, a girl with that, Mrs Beelby with her specimens dropped through the letterbox even on Christmas Eve. When he died last year, I found a letter from the Chief Medical Officer of the GPO complimenting him on his reports (he was their regional medical examiner): "always good medicine, good English and a delight to read".

Doctoring is in a way primarily about stories. Doctors - when allowed time by NHS targets - listen to people's stories: a lump, an itch, an unsteadiness. They recast them into medical stories: a tumour, a psoriasis, incipient neuropathies. Then they act upon those stories and bring about yet another one: a recovery, a decline, a death, a survival against the odds. It is a storyteller's art as much as a statistician's science. Read some of the older clinical writing, like Paton's celebrated and mysteriously beautiful case study of Hexamethonium Man from 1954.

In medicine, there are times when one can do nothing. The novelist can always do something. But in both cases, and seldom better exemplified than in Verghese's lovely book, there is a heart to be uncovered. If you require any confirmation of Verghese's scope, consider (a) how many novels you have read with a bibliography, and (b) how many biographies contain Pye's Surgical Handicraft, Boot and Saddle in Africa, The Diagnosis of the Acute Abdomen in Rhyme, and Waugh in Abyssinia.

*Michael Bywater's recent books include* 'Big Babies' *and (with Kathleen Burk), 'Is This Bottle Corked?'* (Faber)
Verghese novel draws on Ethiopian upbringing

By Rege Behe

TRIBUNE-REVIEW
Sunday, March 22, 2009

For most laymen, medicine is a complex and opaque thing, a web of molecular biology, the workings of which are mystical, mysterious, unknowable.

For Abraham Verghese, a physician who teaches at Stanford University, it's simpler. The bricks and mortar of medicine, he writes in his new novel, "Cutting for Stone," can be broken down into simple words.

"There is something very proletarian about the study of medicine," Verghese says. "All it requires for the individual is to take words and descriptions and sort of begin to see an elaborate construct ... (I) would look at a page in 'Gray's Anatomy' and, for me, there was an architecture there; there was a scaffold, and they were pointing out the names of the major pillars, the wires that led here and there, and I could sort of see it."

Verghese, whose previous books include the nonfiction "My Own Country" (a National Book Critics Circle nominee), starts his first novel in Ethiopia, where he grew up as the child of Indian parents who were teachers. In Addis Ababa, he trained as a physician before coming to the United States for his residency, and some of "Cutting for Stone" is culled from Verghese's experiences.

Most of the book, which spans four decades, centers upon Marion and Shiva Stone, born as conjoined twins. Their mother, Sister Mary Joseph Praise, dies in childbirth. Their father, Thomas Stone, a British surgeon, flees the hospital immediately after they are born. The twins are raised by a loosely knit family at Missing Hospital in Addis Ababa. (It should be Mission Hospital, but the natives mispronounce it, so the name sticks with the staff who tend to the needs of poor and indigent Ethiopians).

The idea of twins, Verghese says, allowed him to explore the ethical issue of separating conjoined babies.

"In our mind (conjoined twins) are not normal, they need to be two individuals," he says. "There's an ethical debate about the one-ness of Siamese twins and is it truly a one-ness, and who are we to make that into a two-ness. It's almost like saying if you have three arms, do you have to cut off the third arm because it's just not normal even if it's functional. Society is imposing its will on these babies and saying you really are two even if you are one. I liked playing with that."

That duality, at the end of the novel, becomes a redemption that cannot be revealed lest it ruin a major plot point. But the setting of the novel is fair game, and having spent much of his life in Ethiopia, Verghese was interested in how geography determines destiny -- even if it is often misinterpreted from afar.

"There's something very peculiar about that geography," he says of Ethiopia. "It's nothing like anybody imagines it to be, unless they go there or visit it by way of the book. In a sense, it's a very unique geography, a very unique people, a very ancient feudal system. It flies in the face of every preconceived notion that people have about Ethiopia, which tends to be about starvation and things like that. I wanted to use geography as a character, that the geography was so distinct that out of it emerged these distinct people."

In the novel there's Hema, a gynecologist, and Ghosh, an internist, who adopt the twins. There's Gebrew, the handyman and guard who is also a priest; Rosina and Almaz, caretakers who watch over the twins while their
adoptive parents work; and Tsige, a bar girl who works near Missing and ultimately reinvents, and saves, herself. Genet, Rosina's daughter, eventually causes a friction between the twins that will divide them for most of their lives.

Marion narrates the story, occasionally as Marion/Shiva, such is the fraternity between the twins. But when Shiva betrays Marion, the gulf seems irreparable. It is not until he is in New York, working at an inner-city hospital, that they are reunited, and only by unfortunate circumstances.

While the passages set in Ethiopia account for two-thirds of the novel, the last section of "Cutting for Stone" describes how an inner-city hospital in the Bronx operates. The fictional hospital, Our Lady of Perpetual Succour, features a United Nations of residents, and when Marion first arrives, he thinks he has landed in medical Nirvana.

But Our Lady is only grand in comparison to Missing Hospital. Still, the care is better in a place like Our Lady than most of the rest of the world, and that is partially because of the foreign residents who flock to the United States because they are desperately needed. Most Americans studying medicine, according to Verghese, tend to shun residencies at hospitals where the majority of the clientele are poor.

"I think most Americans are aware there are a lot of foreign doctors," Verghese says. "But they don't necessarily know how that comes about. They're not aware of the need for the annual influx to manage these inner-city hospitals in places like the Bronx and Philly and Jersey and elsewhere."

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