

# Into the Night

by [Theodore Dalrymple](#) (February 2023)



*La Douleur*, Paul Cézanne, 1868-69

It is a truism that we seldom fully appreciate what we have until we have lost it. The man who has never had a day's serious illness in his life hardly knows what it is to be healthy, and assumes that his happy condition is both natural and that of the majority of men. Appreciation of anything is difficult, if not impossible, without contrast.

If nothing else, recent cultural changes have taught us, in retrospect, how many pleasures, large and small, we had hitherto taken for granted. When the possibility of enjoying them once again returns—if it ever does—we shall, for a time at least, savour them as never before. How long we shall do so is unknowable in advance: but I suspect that, given our natural inclination to amnesia and ingratitude, it will not be for long.

Events has also taught us another lesson, a potentially dangerous one for a consumer society that requires for its functioning the constant renewal of desire: namely that a great deal of what we covet, desire or think necessary for our happiness is of very marginal or no importance at all to our well-being. But this, too, is a lesson that is likely to be soon forgotten: for if we had truly understood it, we should not have needed to be taught it in the first place. Normal shallowness will be resumed as soon as possible, as power is restored after a brief interruption.

Whatever the slight and evanescent beneficial lessons we have learned, personally, I suffered little during it, for my life does not depend very much on social activity, frantic or otherwise. I have what I like, with a degree of smugness and self-congratulation, to call *inner resources*. They are really nothing of the sort, at least not in the sense that a saddhu living in a cave in the Himalayas has inner resources: I require books to stimulate my thoughts and without them I would sink into vacuity. Schopenhauer had harsh things to say about people like me: but then he had few complimentary things to say about most of humanity.

Though I suffered little personally, there has been for me considerable sadness, for I lost to death several of my former medical colleagues whom I had highly esteemed—more highly than I knew, perhaps, until they died, none of them incidentally from the epidemic then raging. And it is curious how deeply the death of those with whom you have had collegial rather than deep emotional relations can affect you.

On each occasion that I learnt of their deaths, all of them at more than the Biblical span but none of them except two at anything like what we should now consider a good age, I found myself recalling and reciting to myself the lines of Gerard Manley Hopkins, addressed to a young child, that were taught me at school:

*Margaret, are you grieving  
Over Goldengrove unleaving  
Leaves like the things of man, you  
With your fresh thoughts care for, can you?  
  
It is the blight man was born for,  
It is Margaret you mourn for.*

The emotion caused by an intimation of mortality is difficult to disentangle completely from sorrow in itself at the death of someone whom one has known and esteemed. So long as they lived, I could deceive myself, at least partially, into believing that nothing fundamentally had changed since retirement: that life would go on for ever and that age could not wither us. It can, it does, and it must.

My colleagues were all men of distinction in their fields, though not world-famous. Their words, perhaps, had forked no lightning in the sense of Dylan Thomas' famous poem, but they had been devoted to the care of their patients and there must



be many thousands of them with cause to be grateful to them. They had many virtues: they were trustworthy, hard-working, kindly, intelligent, modest and scrupulous. I am tempted to say that we shall not look on their like again because their virtues were more habitual in the society in which they came to maturity than they are now, but I have no real evidence that this is so, however viscerally I may feel it to be so: it is one of the compensations of growing old that one believes that the past was in some respect or other better than the present, and better also than the future that one does not have.

These men will leave but faint trace in that all-encompassing, all-devouring gazette and cemetery of the world, the internet. They laboured nobly in the field for several decades, and made some contribution to science, but somewhat too early for any extensive electronic immortality. The internet is not just: presence on it is not proportional to worth, any more than is fame in an age of celebrity proportional to merit.

All historical records distort, even when those who wrote them did so with the most honest of intentions. They could only have recorded that of which they had cognizance, which inevitably was but an infinitesimal fraction of all that happened, even in their immediate vicinity. In fact, they recorded only an infinitesimal part of their own experience: for no map of the world, or any part of the world, could possibly be as large and finely-grained as the reality of which it is a map. Try describing fully a single visual field at a single moment: an encyclopaedia would not be long enough to contain a full description equal in detail to the experience of the visual field itself! Selection and omission are therefore essential in the writer, as is imagination in the reader, and all communication of a state of affairs is inevitably an approximation. But as every statistician knows, there are approximations and approximations. The radical impossibility of exactitude is not the same as the radical

equality of inexactitude.

But I return to the sorrows. In 2020, I learned with grief of the death, at the age of ninety-two, of Mr G. Frank Grave, who was briefly, forty-eight years ago, my boss. He was a surgeon at the Mpilo Hospital in Bulawayo, in what was then Rhodesia. (Surgeons in the British tradition are known as *Mr* rather than *Dr*, whatever doctorates they may have, because the College of Surgeons was descended from the guild of barber-surgeons who were socially the inferior of true physicians, the latter of whom had undergone a university training rather than a mere apprenticeship.)

It is a consequence of the inevitable egotism of memory that Mr Grave remains in my mind unchanged from what he appeared to me half his, and two thirds of my own, lifetime ago. Memory, at least for people whom one met or knew many years before, and never since, is like amber to ancient insects: it traps them seemingly in mid-activity.

I remember Mr Grave, then, when he was forty-seven or eight, which was to me a great age, for I was still myself at the stage in life when a year was an unconscionably long period to plan ahead for. But forty-eight is probably at which a surgeon is in his prime, young enough still to be physically vigorous (the physical demands of surgery are often underestimated even by those who most respect or admire surgeons), but old enough to be thoroughly experienced.

Mr Grave held a position in the hospital which I have never seen equaled in any other, namely that of universal respect and authority without any sense of envy or rivalry. His authority derived first from his perfect technical mastery and second from his equally unimpeachable character.

In those days, above all in the middle of Africa, general surgeons were capable of tackling anything. They knew what to do if a man arrived with an axe planted in his head or a child

with a swollen gangrenous leg caused by the bite of a puff adder. But Mr Grave was no jack-of-all-trades-and-master-of none: he was a meticulous master of all, as I had the opportunity of observing close up. There seemed to be almost no situation that he had not encountered before, but at the same time he was unruffled by the unexpected.

His diagnostic powers were remarkable, so much so that whenever any of his colleagues was baffled by a case, his opinion was sought and almost immediately accepted, *ex officio* as it were. It is said that pathologists are the final court of appeal as far as diagnosis is concerned; Mr Grave was that, but before the patient had died and could still be saved. This, of course, was in the days before sophisticated machinery rendered so much diagnostic skill redundant, that is to say when diagnosis was still a matter of careful history taking, observation, deduction, common sense and experience. I never met a diagnostician the equal of Mr Grave; and though I suppose on general grounds that he must have made mistakes, because every doctor makes mistakes, I never knew him make one.

His surgical skill was such that he seems to fulfill the ancient requirements of a surgeon: the eye of a hawk, the heart of a lion, and the hand of a lady. I remember being on duty at night (in a very junior capacity) when an emergency operation had to be performed. It was going badly; the young surgeon in training was out of his depth. Mr Grave was called in; it was three in the morning. His arrival by itself produced an immediate and profound sense of relief: if anything could be done, he could do it. And this confidence was justified: a life, then teetering on the edge of death, was saved. By some instinct, which seemed near-miraculous to me, he found the source of the bleeding in the patient's abdomen when it was invisible and drowning in blood, and stemmed the haemorrhage immediately.

It was all done quite without fuss. Mr Grave was as even-

tempered at three in the morning as he was in the day. He did not blame the junior surgeon, or make him feel small. He had none of those characteristics which are (or at least in those days *were*) associated with surgeons: arrogance, capriciousness, overbearingness. Mr Grave had none of those qualities.

His authority derived entirely from his virtues. If he was at the apex of the hospital hierarchy (together with an eminent internist by the name of Rachman), it was because he deserved to be and indeed it would have been unthinkable for him not to be.

His written or experimental contribution to surgical science was probably not very great, though I know that he wrote a paper on Kaposi's sarcoma, in those days regarded as something of a pathological rarity or curiosity (not, of course, for the patient), but which was to become familiar to the world a few years later as one of the manifestations of AIDS. But he must in his career have saved thousands of lives and incalculable suffering. And he did so with an unwavering kindness, that his patients, all black Africans, appreciated at once. They had complete confidence in him, and rightly so.

I knew him for only six months but the effect of the encounter has lasted the rest of my life. I cannot claim to have emulated him to any great extent; I knew from the first that it would have been quite impossible for me to do so in any respect whatever, technical or ethical. His importance to me was not so much as a model upon which to base myself, but as a rectification to the dim view of humanity to which I was, for one reason or another, liable. No doubt because I sensed that evil was a better, or at least an easier, subject for an aspiring writer such as I than as good (it is a commonplace how much more compelling villains are than heroes in most of literature), I have sought it out. The recollection of Mr Grave—as also the colleagues whose deaths I lamented—reminded me that there is more to humanity than evil and that there is



such a thing as extraordinary goodness as well.

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Theodore Dalrymple's latest books are [\*Neither Trumpets nor Violins\*](#) (with Kenneth Francis and Samuel Hux) and [\*Ramses: A Memoir\*](#) from New English Review Press.

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