



an unusually light moment he had shared a trade secret with his assistant.

"Whatever the outcome of the case, Wall," cautioned Sir Victor, "always get the fee while the tear is still in the eye." This was his practice and he never demurred from it with private patients.

By contrast he did his charity cases free of charge at the Irish hospital, but there was a problem because of an annoyingly high rate of post-operative infection. Try as he might, he could not get the nursing staff to wash their hands with soap and water as he had ordered. Even though the obsessive Dr Semmelweis had shown scientifically that doctors and nurses should wash their hands between handling patients, the hospital matron thought it a waste of time. She was one person this surgeon could not intimidate.

"That matron was not born," he had mused to Wall in another rare intimate moment, "quarried, more like."

In order to combat this danger his wealthy patients had their surgery performed in their own homes. His mobile operating theatre fitted into both of his Silver Ghosts, one of which was modified with a roof rack to carry the custom folding operating table.

The home operating theatre was usually rigged up in the morning room or wherever the light was best and away from any breeze. Great white sheets would be hung all around to cre-

ate a perimeter and a constant spray of carbolic formed an irritating mist. It was uncomfortable for the operating team but the great Lord Lister had shown that carbolic mist in the operating environment was an effective method for control of infection.

Surgeons at this time were at a turning point, trying to improve their status and break free from the odium of association with barbers. Physicians had more social standing but the new science of anaesthesia invented by Doctors Bell and Morton in America was a great boost to the reputation of surgery as patients no longer had to suffer and be held down. Sir Victor appreciated the timing of these advances, which had rocketed him to his position of power and wealth.

A surgeon could now operate with more precision and did not have to cut so blindly and quickly as in the much feared lithotomy operations. 'Cutting for stone' into the bladder through the perineum was now a dark folk memory. Most surgeons had by this time abandoned these old ways, where a surgeon's experience and status was reflected in his operating frock coat, encrusted with a mix of dried blood and laudable pus and never washed between operations.

Such a one was Dr Milford. Nicknamed 'Old Pus' this venerable man had been a mentor to Sir Victor and much to everyone's relief had retired in the autumn of the nineteenth century.

He had been a stubborn and courageous man who had also loved the sea. On one occasion he had been forced to put into Twofold Bay because of a broken boom and had fashioned a replacement from a sapling to continue his voyage. The Royal Prince Alfred Yacht Club had recorded it as "one of the pluckiest voyages ever undertaken in a yacht".

Dr Milford had left Sir Victor one controversial legacy to which he adhered that concerned the relationship between wound infection and the weather. His attachment to this out-of-date research had raised a few eyebrows in London. "Old Victor has been in the colonies too long," they muttered into their whiskies in the oak-panelled boardroom of the Royal College of Surgeons.

He was a man, however, to stick to his guns and his findings on the relationship between surgery and the weather were to him, irrefutable. He was convinced that when the wind blew strongly from the west at the time of surgery, his wound infection rate was much higher. Dr Wall also had his reservations about this evidence, but when he tried to discuss it with his boss, he was quickly silenced. "This is no humbug, Wall. The weather influences everything. You should become more aware of the intentions of the great designer."

Dr Wall however had a suspicion that the relationship between the wind and post-oper-

ative infection rate had at least something to do with Sir Victor's love of sailing in the west wind.

But he was in a bind. His conscience did not allow him to endorse the dubious research that Sir Victor seemed to be using for his own selfish ends. On the other hand, the Hippocratic Oath, uttered with other medical graduates in the angel-ceilinged Great Hall at the University of Sydney on graduation day in 1900, was sacred to him.

He was caught on the admonition of the Father Physician: "I reckon Him who taught me this art equally dear to me as my parents, to share my substance and relieve his necessities as required."

For an apprentice doctor to breach the age-old tradition of loyalty towards his medical mentor had always been an unforgivable offence.

AFTER WHAT SEEMED TO the nurse, his assistant, and the waiting head chauffeur who was in charge of home operating logistics, an interminable time, the master surgeon turned in from the balcony, stiffened his already straight spine and marched out of the light into his rooms to pronounce judgement.

"Today the eye of the wind sits in the West," he said briskly, challenging the young doctor with an unblinking gaze.

Shifting his attention to the tax collector while ignoring his wife the patient, Sir Victor stated firmly, "I regret, Mr D'Arcy, at this time, the wind is not fair for surgery and so we cannot operate."

Mrs D'Arcy uttered her first sound at this meeting, an inarticulate moan of dismay and her husband reddened with annoyance. The unfortunate Dr Wall struggled for words as he observed, uncomfortably, that as Sir Victor headed for the door with increasing speed, he swung into the rolling gait of a sailor.

David Miller is a GP obstetrician and writer based in Brunswick Heads. This short story was a finalist in an Australian Doctor short story competition and was first published along with the 50 best entries in July.

David has just published a travel guide, Step into Ubud: Overseas travel in 'safe hands', which was launched at the Byron Bay Writers' Festival.

www.theshipsdoctor.com.