

The forgotten memories and the lost eponyms

Avi Ohry MD^{1,2}

¹Department of Rehabilitation Medicine, Reuth Medical and Rehabilitation Center, Tel Aviv, Israel

²Sackler Faculty of Medicine, Tel Aviv University, Ramat Aviv, Israel

TO THE EDITOR,

In September 1973, during my military service at the Suez Canal's strong points, I "celebrated" my 25th birthday. A few days later, a fierce and devastating war began. Comrades died near me, by sniper bullets, shrapnel, or smoke bombs fortified by a blaze from a flame thrower. A flame thrower is lethal combination of zinc chloride and phosphorous compounds. I inhaled this gaseous combination and lost consciousness for a few hours. I woke up feeling in the inferno: breathlessness, fire, heat, smoke, and a terrible smell of burning corpses, in addition to thirst, hunger, and exhaustion.

Earlier, I had to amputate the commander's severely damaged and mangled arm above the elbow of the left arm. His excruciated pain and agonizing phantom pain pushed him to ask me to terminate his life. But, I am committed to saving lives and not to shorten them. During the next 4 days and nights, I used all the morphine injections and antibiotics I had. The commander whispered into my ears that I am also committed to relieving pain and suffering! He could have easily opened the tourniquet, and bled to death.

The enemy poured the deadly mixture into the bunker. I have no logical explanation how I survived. The situation made me think of *And Then There Were None*, a 1939 novel by Agatha Christie. The next morning, 10 October, I was caught by an Egyptian platoon while I was staggering, dyspneic, and walking in my uniform, which was painted with blood and smoke.

Being stained in "red and black," I had another recollection of the Stendhal's novel *Le Rouge et le Noir*. The colors themselves and not the double purpose of the book: the symbolic psychological portrait of the romantic hero, and the analytic, sociological satire of the rigid social order. The dichotomy of life events, seemingly contradictory qualities of life. I hardly breathed or walked and could only drink a bit of water through my swollen and inflamed larynx. The "Journey to the End of the Night" had just begun.

During my captivity, I lost 20 kg. Incarceration may lead to hallucinations [1] and despair, and boredom sometimes lead to the "barbed-wire syndrome" [2]. After repatriation, thanks to my beloved wife and encouragement and support from my family and close friends, I slowly regained the confidence that I would be able to enjoy life and begin my professional career.

Surviving the war and captivity may sometimes lead to an incitement into creativity and *joie de vivre*. Archibald Leman Cochrane's story is unique. Readers are aware of the Cochrane Collaboration, or the Cochrane Library, and A.L. Cochrane's enormous epidemiological contributions to our knowledge on coal miners' health problems. Another Archibald wrote on this subject: Archibald Joseph Cronin (1896–1981), a Scottish physician and novelist who reported on the correlation between coal-dust inhalation and pulmonary disease. A.L. Cochrane was a prisoner of war (POW) who left us with medical documentation about his World War II experience. His medical and psychological reminiscences during his captivity are less known [3]. He characterized the prisoners' psychological problems. He coined the terms acute and subacute dulagitis and chronic Gefangentits. In German, "gefangentits" means: the state of being caught, imprisoned, or trapped. After the active combat period, prisoners experience the phases of fatigue, thirst, hunger, bad sanitation, overcrowding,

nervous tension, aggression, low morale, and apathy.

Surely, Cochrane was not aware of Vischer's description [2]. None of Cochrane's proposed eponyms survived. His vivid descriptions of a POW's medical, dental, and psychological complications should be studied. After my repatriation, I truly identified with his after-war passion for an academic and clinical career. Beyond telling my own story [4] I contributed the study of long-term consequences of captivity. Sir William Osler said that, "Every man has a philosophy of life in thought, in word, or in deed, worked out in himself unconsciously. In possession of the very best, he may not know of its existence; with the very worst he may pride himself as a paragon. As it grows with the growth it cannot be taught to the young in formal lectures."

Beyond my career in rehabilitation medicine and medical humanities, after my 48th birthday, I began to play the jazz-drums, and for the last 24 years I have played with two jazz bands. Yo Yo Ma said that "music gives you a ton of information subliminally; it's not just an aural performance, it's visual, it's the body language you're receiving from the audience and relaying back."

Correspondence

Dr. A. Ohry
Dept of Rehabilitation Medicine, Reuth Medical and Rehabilitation Center, Tel Aviv, Israel
email: aohry@tauex.tau.ac.il

References

- Ohry A. Extracampine hallucinations. *Lancet* 2003; 361 (9367): 1479.
- Ohry A, Solomon Z. Dr Adolf Lukas Vischer (1884–1974) and 'barbed-wire disease'. *J Med Biogr* 2014; 22 (1): 16-8.
- Cochrane AL. Medical experiences as a prisoner of war in Germany. *Bull U S Army Med Dep* 1947; 7 (3): 285-90.
- Ohry A, From the Egyptian captivity to the Israeli academy: a personal perspective. *Isr J Psychiatry* 2012; 49 (1): 23.