Contact Wounds: A War Surgeon's Education

J. Kaplan

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As physicians, many of us radiologists and nuclear medicine physicians dream of traveling to less fortunate places to make use of the medical skills that we painstakingly learned during our medical school and residency training. Although many of these basic clinical skills are forgotten or have fallen into disuse, the idea of giving up our comfortable and highly technical world to join medical relief organizations appeals to many of us.

Contact Wounds is the story of a humanitarian-aid surgeon who has worked for medical relief organizations, such as Médecins sans Frontières (Doctors Without Borders), in some of the world's worst combat zones. It is the second autobiographical book by author Dr. Jonathan Kaplan accounting his life and medical training leading to becoming a volunteer war surgeon. Not being part of any military or political group, Dr. Kaplan sought hostile areas where his surgical training would benefit the most people, usually citizens caught within an armed conflict. Describing him as a surgeon would be too narrow. Often, he was the only doctor available and became not only chief surgeon but also anesthesiologist and obstetrician, as well as generalist. Under the conditions in which he worked, frequently he could rely only on his clinical acumen and surgical skills because radiologic and other sophisticated equipment was usually not available.

The first part of the book begins with Jonathan growing up in racially tense South Africa in the 1960s. As a boy, he romanticized war and felt unlucky that a "proper war" had not taken place where he lived. Kaplan's father was a war surgeon in the desert campaign of North Africa, where he treated wounded soldiers in tent field-hospitals. When Israel declared statehood during the War of Independence, his father elected to serve again as a medical officer in the newly formed Israeli army. Later, after the Six-Day War, when Jonathan Kaplan had just turned 14 years old, his father proudly sent him on a pilgrimage to Israel to stay on a kibbutz in the Negev Desert. Besides receiving religious education, after his first week on the kibbutz Jonathan was handed a Mauser, and he and the other children were taught how to handle a rifle. In addition, they participated in armed security patrols to check on nocturnal activity in the surrounding desert. Jonathan acknowledges a few times that this early military training later saved his life when he himself was working as a war surgeon.

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While he was living on the kibbutz, the violent attitude of some of his fellow classmates toward Arabs surprised him even though in South Africa this behavior was commonplace among his white schoolmates. These few months in Israel became a turning point for Dr. Kaplan. It opened his eyes to racial inequalities in both his South African home and Israel. He began to become conscious of how different was life in South Africa from that in the rest of the world.

Jonathan Kaplan attended medical school at Cape Town University in South Africa and received specialized training in general surgery and orthopedics in London. After 2 research years in the United States for a master's degree in surgery, he began working as an air ambulance doctor, which eventually led to his becoming a volunteer combat surgeon.

Dr. Kaplan's most precarious surgical assignment was in Kuito, a small town caught in Angola's 26-year-old civil war, which had been under siege for the past 2 years. The city's only contact with the outside world was through 8 daily United Nations supply flights that had to corkscrew-dive into the city to avoid gunfire and ground-to-air missiles. In a small bullet-ridden hospital run by Médecins sans Frontières, Jonathan temporarily replaced the sole surgeon, taking responsibility for a wide range of conditions including sniper wounds, land-mine injuries, intestinal perforations from typhoid, and obstetric complications. Kaplan described the crude but straightforward nature of acute war surgery—stop the bleeding and cut away dead and lacerated tissue. Besides his having no radiographs or angiograms to identify vessel damage, the nursing care and conditions of the hospitals could not tend to complicated procedures that could easily become infected in the pus-filled hospital wards.

My favorite part of the book was Dr. Kaplan's description of working as a volunteer surgeon in Baghdad during the Second Gulf War. Four months before the first air strikes, medical relief organizations slipped into the country in anticipation of the expected devastation. Jonathan came in just after the U.S. troops arrived to relieve these early-arriving doctors. Operating in Iraq was difficult. Treating the wounded during the initial bombing depleted emergency stores. Afterward, much of the remaining supplies were looted. Hospital conditions were terrible, and there was a constant influx of civilian casualties—"collateral damage"—caught in daily skirmishes or shot by overzealous U.S. troops. Only a few children's hospitals and specialist centers had acquired U.S. military protection and, thus,

medical supplies. In the nonprotected hospitals, different groups were vying for control of the medical facilities, and the hospital director at the location where Dr. Kaplan worked often would be replaced several times a day. At night there were shootings in the hospital as gun-wielding relatives of the patients defended the wards against AK-47—carrying looters. Problems also arose because most of the Iraqi doctors were given their education through the Ba'ath Party, whose political association Washington opposed.

Many medical journals, such as the *New England Journal of Medicine*, have focused on the complex forward

surgical teams and intricate military support hospitals that have successfully saved countless young U.S. military lives. Unfortunately, as Jonathan Kaplan describes in his book, the more common combat care is encased in crude surgical skills, suffering, and uncertainty. *Contact Wounds* is a captivating account of a humanitarian-aid combat surgeon that anyone in the medical field would enjoy.

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