



TINA BROWN

A Novel That's the Best Medicine

by *Tina Brown*



Physician Abraham Verghese's new novel *Cutting for Stone* is a gripping study of an immigrant surgeon and his craft. He talks to Tina Brown about getting down all the gory details.
Joanne Chan

Abraham Verghese's new novel *Cutting for Stone* (Knopf) kept me absorbed and enthralled all the way to India two weeks ago.

It's a big, sweeping family saga about twin brothers born of the secret union between a formidable, aloof surgeon and a nun at a mission hospital in Addis Ababa during the reign of Emperor Haile Selassie. The father, Dr. Stone, disappears immediately after their birth. The story weaves the lives of the characters at the mission with the personal journey of the narrator—one of the boys, Marion—who flees, after a feud with his brother over love, from the political turmoil of Ethiopia via Nariobi to an overcrowded hospital in New York and eventually to a fraught reunion in highly dramatic circumstances with his father and his twin.



Verghese himself is a distinguished physician—professor and senior associate chairman for the theory and practice of medicine at the Stanford University School of Medicine—and some of the most gripping writing in the novel is his evocation of the power, mastery, and process of surgery. Sunday's patronizing review in The Times Book Review missed the magical hold I expect to be shared by most readers. It's the perfect read to escape the recession. For those who want to hear Verghese talk about the book, he's being interviewed this Wednesday at the Asia Society in New York by Mira Nair. Click [here](#) for details.

Tina Brown: I don't think I've read a novel with this kind of depth and sweep and character and sort of vividness for such a long time. It's just what we need at this moment to disappear into and flee.

Abraham Verghese: *[Laughs.]* That's what I say.

TB: Can you tell me a bit about what the genesis of this book creatively for you and how you saw the weaving of its characters and themes as you set about writing it?

AV: So there were two things that came together for me. The one was I've always thought that the study of medicine—the appeal that an adolescent has for what they see as the great mystery of what people learn in medicine—I've always thought that had never been quite celebrated in a book as well as I would have enjoyed seeing it. I wanted to write about the sense a young boy has of the wonder of medicine and how it's some secret ritual that if you could only learn it, it's like buying X-ray spectacles and suddenly you could see through people.

TB: You very much gave me that feeling. It's amazing how with some of the details you suddenly see the kind of X-ray vision into people's bodies and how that must be like.

AV: Yeah, I always thought it extremely appealing. Then the second idea was the image of a nun giving birth in a mission hospital. You know, there's something so attractive about nuns—we're drawn to them, this idea of someone living their life wedded to Christ and all the sacrifice that comes with that.

TB: Did you know any nuns when you lived in Ethiopia?

AV: No, I didn't particularly. I mean I've been around nuns off and on in various places. And you know I've been struck how when you get to know them, they're so human in a sense, and therefore their sacrifice seems even more unusual. You know you expect them to be almost—I don't know—saintly and otherworldly. But very often they are quite the opposite—sort of like matrons, very practical.

TB: There's so much vivid writing about place and traveling in the book: Sister Mary Praise's journey from Kerala in India to Missing Hospital (as the Mission in Addis Ababa was called) and the hellish sort of stop at Aden. How did you research that portrait of Aden, which seems like the most terrifying hellhole I can imagine?

AV: As a child we actually had to go through Aden more than once on our way back and forth to Africa or India, wherever we were going. So a lot is my childhood memories and a lot of it is simply imagining and extrapolating from writing about Aden—it's never written about in a lovely way. Rimbaud had nothing nice to say about it, having lived much of his life around there. So I think I imagined it but it does retrace parts of my parents' own journey from India to Africa. They were not physicians. They had nothing to do with mission hospitals but that was the route they did take.

TB: How did they wind up there?

AV: It's an interesting story. My parents are both from Kerala the very south of India.

TB: I was there in 2007—in Cochin—and I loved it.

AV: It's lovely. So the emperor of Ethiopia was this Christian surrounded by Muslim nations, and he went to India on a state visit, is what I'm told. They showed him the Taj Mahal, and he said, "I want to see the churches of St. Thomas in South India, because our belief is that St. Thomas landed in Kerala before St. Peter got to Rome and that the Christianity that he brought is my parents' faith and my faith." And so the emperor came to Kerala to see those churches and he happened to arrive at eight in the morning. Kerala is a very literate state and he saw all these thousands of schoolchildren in uniform with their hair washed and tied behind their ears and flowers and whatnot and he was very taken by that sight. And in that immediate post-Italian liberation of Ethiopia, he hired all his teachers for his several hundred schools that he was building all over the country—he hired them all from that one state of Kerala. So my father and mother arrived within a week of each other and eventually met and married there.

TB: They were both teachers?

AV: They are both physics teachers. I always thought it had something to do with physics that they got together.

TB: Amazing, what a story. So how long did you live there?

AV: So I lived there all my life. I mean in the sense that I had most of my schooling there and I began medical school in a school started by the British Council in East Africa. About the third year of my medical school, the emperor was deposed and civil war broke out. So in writing a novel I did very much use the geography of my own parents and my life.

TB: There's a very vivid vignette in the novel when the child Marion sees the Emperor Haile Selassie very clearly through the window of his limousine as the motorcade goes by. Then there's the terrible image of the supplicant in the crowd being beaten to a pulp as soon as the palace gates are closed. Did you ever see Selassie yourself?

AV: Yes. I drew heavily on my own experience but then much of it is imagined too. I'm a great believer in geography being destiny. Imagine my parents' fate or my fate had they not left, and what an exotic place to go to.

TB: Have you been back since?

AV: I've been back twice and, actually, if you recall Tina, when you had Talk magazine the prime minister of Ethiopia was my [fellow student] from medical school. And whereas I had escaped and come here and finished my education, he fought as a guerilla fighter for 23 years and eventually was in the vanguard of troops that overthrew that dictator and finally took back the power, so I went to interview him for you.

TB: I remember! Who was your own role model for medicine? I mean, did you ever meet anybody remotely like the repellent but inspiring Dr. Stone, who is the surgeon at the mission hospital?

AV: Yeah, I had several role models. Certainly when I got to medical school, I had role models of the kind of physicians I wanted to be. I had an uncle who, looking back, was probably not the most-educated physician around but he carried it off so well. He had such authority. You know you'd go to him with some complaint and he'd very quickly pull your eyelid up and peer into it, and have you stick out your tongue, feel your pulse in this very determined fashion, and turn to his cupboard and pull out some medicine or an injection. I remember being very impressed by that. Now, knowing what I know, I think a lot of it was an act, but a necessary act, but an important one, one of giving the patient belief in what was going to follow.

TB: Well, how do you feel about the contrast in modern medicine today? About people going online and matching their symptoms? That's the opposite of the low-tech, experience of your uncle's brand of medicine!

AV: I don't think it satisfies anyone, and then frankly even when patients come to the hospital I think they're still getting that type of treatment. I've argued that the patient in the bed has become an icon for the patient in the computer. And everybody's busy working up the "iPatient," as I call them, juggling the technology and sitting in front of the computer and checking the results of the MRI of this and that—having the sense that they're really taking care of the patient but when you visit the poor patient, you find that they feel absolutely neglected.

TB: That's certainly true, when did you write that?

AV: This was in the New England Journal of Medicine. I'll send that to you. *[Click [here](#) to read the article.]* The other thing that I think is happening that is terribly important is that given the fact that the technology gives us this information on the body in a much more sophisticated way than a crude physical exam, people shortchange the

exam to the point that they don't touch the patient. And we've sensed that the ritual of examining the patient is as important as the ritual of getting married or inaugurating a president. The reason we have rituals is because rituals are about transformation. And when you have a patient that gives you their story, and then the great privilege of touching them, and you shortchange the ritual of examining them, or do so in an unskilled way, sticking the stethoscope on the pajamas, I think you completely shortchange a ritual that's about forming a bond with a patient.

TB: But in terms of being healed, how important is it, though?

AV: Yeah, I think it is. When I use the word healing, by that I mean that every disease has a physical element that we're very good at handling but there's always a sense of the violation. "Why me?" "Why is my leg broken on the ski trip and not anyone else's?" And I think that medicine has done a terrible job of addressing that spiritual violation. With diseases like AIDS and cancer, the spiritual violation is huge. And you know to focus exclusively on a cancer infection is to miss what ails the person.

TB: Cancer is particularly brutal with its treatments, leaving the patients feeling completely abused and abandoned, losing on every front.

AV: Absolutely, and in my novel, Dr. Ghosh—Marion's adopted father—is the type of doctor that embodied this kind of medicine.

TB: That was what I was just thinking when you were talking about your uncle. You can tell that Dr. Ghosh doesn't have the magical wand like Dr. Stone, but he has this magical connection to the patient.

AV: Exactly.

TB: You weren't yourself a surgeon were you?

AV: No. I love surgery but I made a choice to go into medicine. I think perhaps that's what comes out of my frustrated surgical ambitions because surgery is full of stories. It was lovely for me to write this.

TB: There is something heroic about a surgeon.

AV: There always is, indeed. I think Ghosh is the type of surgeon I would have been which is probably why I didn't go into surgery. You have to have a strong kind of one-handedness to just do and do it well and perfect it. And Ghosh would second-guess himself and agonize and have done a good job, and I tried to show what kind of personality that would be as a surgeon. He was a good surgeon, he was a reluctant one.

TB: Your account of the Dr. Stone's attempts to save Sister Mary Praise in the operating theater as she gives birth is so harrowing. I found the suspense unbearable but there are probably readers that will find the medical details themselves unbearable. It was a brave creative risk you took in giving every gory detail. Did you think a lot about that risk?

AV: Yeah, I did. I mean, I think it is risky but one of my favorite series of novels is CS Forester's Hornblower series, and I had the chance to re-read those recently because they came out in a great paperback set. The details are so dense. I'm not a sailor and I don't know what he's saying most of the time, but it didn't 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 it and they like the fact that they need to use their imagination. It's what I think.

TB: There is something riveting about process. That's the thing in particular that is so compelling about the book. I did feel for the first time what an incredibly intense allure there must be to being in charge in an operating theater.

AV: Yes, I think it's very good theatre. It's high drama what goes on there. I think for me to not take advantage of the inherent high drama of a critical event here, I would fail as a writer.

TB: Well, you are now at Stanford, which is the center of such high, high medical learning. Every resource in the world is open to you. What a complete difference from what you're writing about. You have traveled a very long way in every sense of the word.

AV: Well, it's sort of humbling to be here. I'm truly at the cutting edge of research. The very fact that I'm here—I was brought here expressly to help promote and bring back the kind of medicine that's threatened. We're great at research, we're great at technology, we're great at procedures, but I think there was a sense that we were getting farther away from the heart and soul of being a physician—what I call the Samaritan function of being a physician. It's easy to forget when you're surrounded by gene probes and patents for this and that, that medicine is still art, and science is still a ministry of sorts. I think I've been a good spokesperson for that type of medicine, which is actually what I'm doing here. My surprise is finding out how hungry the students are for that. As sophisticated as they might be, what brought them to medicine is very much what brought me to medicine: this sense of this aura, this knowledge of letting someone turn to you. There is a great desire here of being worthy of that privilege of people turning to them.

TB: Do you find differences in the patients themselves?

AV: There's something universal about illness... Whether you like it, at some level all patients are saying, 'Daddy, Mommy, help me, tell me it's going to be alright.' I think we've become very caught up in our technology and I think some feel it's almost inappropriate to use the patient in this type of relationship, to bring this type of comfort. A lot of what I do is to just say not only is it all right, it's necessary.

TB: As well as medicine, your book is full of a sense of place and of what it is to be an outsider. After all your own moving around, do you feel settled in America now?

AV: I do, but even within America, I've had a very peripatetic existence in places like El Paso, Iowa City, Boston. And in a way that's been a tremendous advantage. Being a perennial outsider gives you a view, a way of seeing the world that has become almost a tic in my writing where I'm always looking on the outside in. Even when it is home. I think I have some advantages, perhaps some disadvantages.

TB: Are you ever tempted to go back to somewhere like Ethiopia, and work again in that more primitive way?

AV: Yes. Especially having come here, my highest medical ambitions have already been satisfied academically and what is so interesting is that every one of our medical students goes abroad and wants to go abroad. We have a generation who incredibly are in medicine for the right reasons...because everyone else left and thought, 'There's not enough money in medicine—you know, I'm going to become an investment banker, hedge-fund managers.' Well, not now! We have such pure souls in medicine now.

Tina Brown is the founder and editor-in-chief of The Daily Beast. She is the author of the 2007 New York Times bestseller The Diana Chronicles. Brown is the former editor of Tatler, Vanity Fair, The New Yorker, and Talk magazines and host of CNBC's Topic A with Tina Brown.