

Learning from the French

Andrew Wu

The “grand marché unique Européen” is conscientiously reported and lively debated in the French press. By contrast, the implementation of the single market policy in 1992 receives only lukewarm enthusiasm in Britain, where many fear the loss of their national identity. The breaking down of all frontiers between the 12 member countries of the European Community is in stark contrast to the rigid protectionism practised by many developed countries. A united states of Europe seems like a dream come true when people will be able to move freely and all restrictions on trade are lifted. I learnt about this impending evolution only after I arrived in France for a year’s study leave. Leaving my family in Birkenhead and with the spirit of a pioneer, I drove off the hovercraft in my fully loaded Austin Metro. Deep in the autumn dusk I approached Paris with more trepidation and anxiety than excitement, a reaction totally different to my only previous visit to the city as a tourist. I was certain that I would see some fine surgery but the rest was an unknown quantity.

Negotiation for this leave had started 18 months previously when at a Scarborough conference I heard a most impressive account on liver surgery from Professor D Franco. Zest got the better of me. At an appropriate moment I went up to him and requested a posting in his department. I knew that if I was left to ponder for a few days my courage would fail me. My boldness was rewarded with a grant obtained from the “Foundation pour la Recherche Médicale.” Armed with only nine months’ preparation with the Linguaphone I stepped out of my car to face the incomprehensible Parisians. My accommodation was a single room just outside Paris. Whenever I ventured out of this sanctuary I felt vulnerable because I found to my horror that my linguistic skill was totally inadequate. My first attempts to communicate in halting French received no response. The emotional isolation became overwhelming. All my experience of living in China, Malaysia, Australia, America, and England did little to alleviate the culture shock. Contact with colleagues and academicians was easier; talking to nurses and residents was futile and communicating with patients was impossible. Discussion time at meetings was painful, and the weekly reunion for the literature search left me totally exhausted and demoralised. I felt that I could not function properly as a member of staff or make any contribution to the care of the patients. Clinical responsibility was out of the question.

Despite an overcharged effort to overcome the language problem, progress was “escargot” pace, and the barrier seemed insurmountable for the first eight weeks. The winter in Paris was hard. As the turmoil

raged within it slowly dawned on me that my brain could only compute its fifth language at its own pace and a fuse might blow if the demand was over the threshold of my expectations. I therefore accepted my limitation and resigned myself to a reasonable but less assertive “laissez faire” attitude. At least it brought me back to sanity and some peace of mind. After three months (120 hours) of intensive tuition—every evening at the Alliance Française—I started to feel able to participate. My confidence slowly returned. A weekend spent in the provinces showed me the magnanimity of French hospitality and generosity. There is no doubt in my mind that the way to a Frenchman’s heart is first through his tongue then perhaps via his stomach.

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As a foreign language French is much more difficult than English. Despite its complexity it is less precise and therefore less practical than English. Its elegance and grace, however, are unsurpassed. It is not just a historical outcome or the result of an expanding North American influence that the Francophones have lost out in the battle for superiority in the language of modern science and international communication. It is simply easier for a foreigner to learn to speak and understand English. Be that as it may, the French need feel no humiliation because the Anglophones, through lack of necessity, will lose out far more by soon becoming a nation of monolingualists.

Monday mornings would start with a ward round with the “patrons” escorted by an entourage made up of students, nurses, visiting specialists, residents, and anaesthetists. This was followed, without a tea break, by the staff meeting, when the week’s work was presented, discussed, and debated in conjunction with gastroenterologists, pathologists, and radiologists. It took five months before I fully appreciated the true depth and frankness of these discussions. The cases were always interesting, matched only by the surgeons’ skills, which were meticulous and deliberate. To be assisting in a resection of a pill induced hepatoma wedged between the hepatic veins or an excision of a deeply seated tumour within a cirrhotic liver was an awe inspiring experience. Observed over a period of time the consistently high standard of practice was one of the best that I had ever seen.

While the professors were methodically

pushing the limits of their surgical skills, the junior doctors were pushing in another direction. At one o’clock everybody stopped work and trod over to the “Salle de Garde” for lunch. This important daily event was presided over by the “econome,” who sat at the head of a long, fully dressed table with his or her back to the colourfully decorated wall—a fresco of lurid pornography. I blushed. The food was excellent, and once a week it was even better with a lavish plateau of cheese and seemingly limitless supply of wine and liqueur. By the end of the first hour, half way through the feast, things were warming up. Doctors answering bleeps without the permission of the “econome” got a deafening reception of 35 serrated knives sawing on the plates in concert. Corkscrews were never needed and wine bottle tops were flicked open as expertly with a knife as we snap ampoules. The white tablecloth became stained with red wine, cigarette ash, lipstick, gravy, and even muddy footprints. Rigid discipline is not a French national characteristic. Inhibition ran low and someone shouted to the lady head steward “Hé Econome, montrez-nous la poitrine.” A roar of support followed. With no hesitation the lady “econome” stepped on the bench and lifted her blouse to show off her ample statistics with shouts of delight from the floor. At other times she would play hard to get and only a flash of a male colleague’s backside would entice her to reveal her bosom. Such excesses remained in good humour and never got out of hand. As to what happened after lunch I would not like to hazard a guess, but for those who had to work their clinical acumen could not be as sharp as it was in the morning.

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Eight months on, I can get by on most occasions and enjoy a reasonably fluent conversation. An invitation to dinner at the home of a French family was one of the most delightful experiences of my stay. Nevertheless, the sense of inadequacy prevailed. Although papers were written, projects completed, a wealth of surgical experience gained, I wished I could have contributed a little more. But I was there to learn not to teach. And I did a great deal of learning both culturally and surgically. This had been the most challenging undertaking since my days at the medical school, and my life and career was enriched and revitalised. Looking into the future to 1992 I cannot envisage a mass migration through the Eurotunnel. The strong national identities of these two neighbouring countries will ensure that only a handful of dare devils will set up shops away from their homes.

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