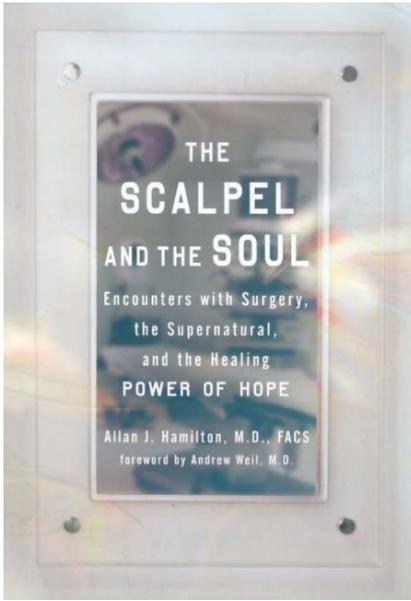


BOOK REVIEW



Alan J. Hamilton

*The Scalpel and the Soul:
Encounters with Surgery, the Supernatural,
and the Healing Power of Hope* ↗

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Reviewed by U. Mohrhoff

Allan Hamilton, the author of this captivating book, is a Harvard-trained brain surgeon. He currently holds four professorships at the University of Arizona. Besides his primary appointment as professor of neurosurgery, he is a professor in the Departments of Radiation Oncology and Psychology and in the School of Electrical and Computer Engineering.

In 1981 Hamilton went to Africa as a surgical fellow. The isolated and ramshackle hospital in the jungle town of Lambaréné in Gabon had no other claim to fame than that Albert Schweitzer had practiced there as a missionary physician and ethical philosopher. One day Hamilton and a lean, muscular native set out downriver — there was no going up against the strong current — in a small dugout canoe with a dilapidated outboard engine. It was loaded with several boxes of vaccine, twelve syringes with as many needles, some pots and pans to cook in and sterilize the needles, and a bulky, pedal-operated grinding wheel to resharpen them. They came to a fork in the river without any idea which way to turn. While resting, exhausted, in the midst of a tangle of vines, roots, and moist earth, a black man with a small leathery body, wearing a pair of shorts and a necklace decorated with a few coins, steps in front of them.

“We are looking for the village of Tan-Beang.”

The reply comes in broken French. “Yes, I know. I thought you would be here yesterday.”

“Yesterday?”

“I had a dream that two men would be coming to Tan-Beang. But in the dream, the two men are lost. They do not know which way to go. So I am asked to stand here and help. I am asked to stand here in the branching place of the river and lead them to my village.”

“Who asked you to stand here?”

“My dream was a message. But in the dream you arrived yesterday. I had gotten the message messed up, so I waited. Maybe the dream was right, but I got the days mixed up.”

In fact, Hamilton and his companion originally meant to set out a day earlier but were delayed by problems with the dugout. This man had come to the fork in the river and waited for over twenty-four hours, based on the instructions from his dream.

This episode sets the tone for the rest of the book. Dr. Hamilton is a natural storyteller. Except that the magic of his stories is the magic of reality.

Magic becomes apparent when the world cannot be negotiated without its application. Then we do need to let ourselves believe. We do. Africa taught me that the supernatural lies just beneath the surface. It only took a small, definite shift in one’s vantage point to see it. (26)

If we are convinced that the life and matter around us are mute, then we are confined to the silence of the scientifically concrete. If we are open to subtlety, then the world resonates with significance.... Some folk never listen to the little hairs when they stand up on the back of the neck. I listen hard to those hairs. Because they’re my intuition speaking to me. There have been countless times when they have helped me save a patient’s life. And on more than one occasion, my own. (28)

In his third year of medical school, Hamilton came upon a terrible secret: he could predict when someone was going to die. “The secret is simple: a dull, waxy, yellowish light accumulates around those who are about to die.” Earlier, working part-time for a veterinary surgeon, he had many occasions to watch as animals were put to sleep.

I began to notice that there seemed to be some energy or light that spread out from the animals themselves, and then completely enveloped them right before the moment of death arrived. This energy always emerged, collected, and then departed an instant or two before the animal actually died.... Later, as a medical student, I became aware that I could perceive a similar pale yellowish hue around human patients, almost like the light thrown by a candle.... This glow would seem to shine from underneath the patient’s skin. Invariably, when I saw it, patients would die soon. As their impending death drew nearer, the yellow-colored light grew more tightly focused around their bodies and faces. Watching this focusing of the light was like watching a theater spotlight drawing closer around a performer onstage. (30)

As a fourth-year medical student, Hamilton became friendly with a heart patient, who on the fourth night after his myocardial infarction confessed to him that he had had a near-death experience during his heart attack.

I got to tell you that there really was nothin’ scary ‘bout it. I just felt at peace, loved. I just seemed to rise up in the air, like a puffy cloud. I could see myself lying in the grass. [He had fallen to the ground while mowing his lawn.] But it wasn’t like I was scared or

anything. I just felt like I was going home, like being on furlough to see my family during the war or something. You know, something that you're jus' dyin' to do. I suppose that's a pun or somethin.' But you get what I mean, don't you? It was like I was lookin' forward to it. Like I'd been lookin' forward to it for the longest time, and now I was goin' to finally get there, get to do it. (38-39)

Harry — that was his name — got there the next day, courtesy of another heart attack. There was no stopping him. Right after Harry's funeral, his wife's pacemaker wire snapped, causing her to collapse at his grave site. She recovered but wasn't too happy about it. Hamilton learned from a resident that

she's madder than a hornet. Says she goin' to sue all our asses off for interfering with the will of God! She's asking who the hell we are to bring her back to life, when God reaches down from Heaven and cuts her pacemaker wire so she can join her husband. (43)

Dr. Hamilton has talked with many patients who have been close to death, and

everyone of them — down to the last man or woman — has reported to me how beautifully peaceful and loving the experience of getting ready to cross over always was. Just as Harry reported, it was like coming home after being away for a long time. Most of us need to be reminded our life may begin long before, and continue long after, this singular mortal experience we are in now....

I know that some of this may smack of elementary religious issues. Try to remember I came first with only scientific curiosity. I was not looking for any intimations beyond this mortal life. I was not a man of spiritual inclinations. I only let myself feel them when it became necessary to help me explain my own experiences. Not anyone else's.

The spiritual side of the mortal equation is not always easy to deduce. But it is a "robust" formula, balancing flesh against spirit. Stick with me. I want you to feel the spiritual echoes, as they resonated through my own experiences with patients, not as cognitive or theological arguments but as visceral installments. (43-44)



Silvio Bustamante (a.k.a. Rocky) was one of the homeless street people the hospital staff referred to as "dirtballs." Once a hot litigator who had everything, he had fallen apart when his son Jackie died in Vietnam. Near the end of his umpteenth hospitalization, he was told he would be sent to rehab. "Nope, I won't go, I'm going to go be with my son," came the reply.

"So what do you mean you're going to go see your son?"

"Well, Jackie came to see me last night in a dream, and he told me we were going to be together. I may be a drunk, but I'm stone-cold sober right now. You know it. Just like you're here right now. Jackie came to see me last night and swore we'd be together again. Once and for all."

There was a solemn formality in his words. Since by then he had "Harvard numbers" — his blood indices, electrolytes, liver chemistries, etc. were all in normal range — he was nevertheless sent.

"I told you I'm going to see Jackie. You knew that," Rocky said as they took him out the door, seething with resentment. An hour later came the phone call: "You should be ashamed of yourself, sending us a patient in Mr. Bustamante's condition!"

“What condition? What’s wrong with him?”

“What’s wrong? Hell, they rolled him in the door here and he began exsanguinating in the lobby. Just started vomiting. I don’t have to tell you what a shock it was to our staff and our visitors! We just opened a few days ago. No one was prepared for this kind of a disaster!”

“Well, I’m sorry. We treated the esophageal varices. He hadn’t bled in eight weeks. Just send him back. We’ll take care of it.”

“Well, Dr. Hamilton, we can’t do that. He died in the lobby. Not five minutes ago!”

“Each patient,” Hamilton concludes, “brings you one step closer to seeing the truth about yourself. At the time, I knew that Rocky’s dream of rejoining his son was a vision meant to bring closure to his life. I could not concede that Rocky could succumb on my service, on my watch. That losing him was not a defeat.”



When Thomas was about ten years old, he and a friend climbed a large hill, upon which sat a tall high-tension line. The tower there commanded a view of the whole countryside. Thomas slipped, fell about a dozen feet down, and came to an abrupt halt when his clothes caught on one of the arms of the high-voltage tower. He reached up to pull himself off, and as soon as he touched the power line, thousands of volts arced into his small body, which shook convulsively. The flailing body tore loose from its snag, but not before his clothing had caught fire. He now plummeted more than one hundred feet to the ground, a flaming meteorite.

Thomas wasn’t likely to survive. His distressed father, only forty-two years, collapsed from a heart attack and died. His mother had the presence of mind to call Thomas’ surgeons and ask whether they would be interested in harvesting skin grafts from her husband’s body. During an operation lasting eight hours, they quilted his skin onto his son, who had been in coma for nearly a month. A few hours later Thomas spoke with a perfectly clear voice: “What happened to my father?”

“Nothing has happened to your father, Thomas. He’s just fine.”

“Are you sure?”

“Yes. I’m sure. He’s fine. He’ll be glad to hear you’re getting better.”

“My dad’s just standing there at the end of my bed. Why doesn’t he say something?”

“Thomas,” Hamilton asked, choking back tears in disbelief, “where do you see your father?”

“He’s standing right there,” he answered, staring at the empty foot of the bed. “Hi, Dad!” he called out, and he feebly attempted to wave. One of the nurses choked back a sob.

Today, I deeply regret that lie. I should have told him the truth right away. But I was a young resident. I didn’t know better. I thought I was being kind. (75)

“Thomas, your dad’s passed away,” I admitted. “He died three days ago. He had a heart attack.”

“That must be his ghost then that’s waving back at me,” he said softly.

I know without a shadow of a doubt that what Thomas saw at the foot of his bed was his father’s actual spirit standing there, watching over him. Here was my own fragile moment of awakening. It left me tingling all over, as if sparks were dancing off my skin. (76)

Dr. Hamilton didn’t see Thomas again until seven years later, in a chance encounter on the last day of his final year as a resident. Thomas was now an honor student.

As I saw Thomas smile and wave, I reminded myself I had been permitted to watch the mortal threads of my life interweave with the strands of the spiritual powers in Thomas’s life. . . . I understood, for the first time, that the filaments of my own existence were inextricably interwoven with Thomas’s, his father’s, his mother’s, and those of a host of other individuals. An idea began to take shape: I could see thousands of orbits, mortal and spiritual, all spun from the luminous fabric of creation. This eight-year-long adventure was not just the story of a surgical residency. It was a message: We’re never solitary mortal beings. Supernatural comfort is all around us — like Thomas’s father’s spirit — and never leaves us alone without divine strength and protection. But without the certainty of our link to the supernatural, the burden of our individual existence can make us crazy. Thomas’s eight-year experience made me realize that suffering is not the point of living. It’s the background, the context, against which we discover love’s power over death, over illness. Suffering is what lends love its supremacy over death. (78)



Alfred, a boy the same age as Hamilton’s own son, was dying from a malignant brain tumor. Wanting to tend to this child in his dying days, Hamilton cancelled the family vacation.

Of course, my wife and children understood. They could see why I wanted to tend. I had already persuaded myself to make this sacrifice. It might strike you as a noble act. It wasn’t. It was one of the worst decisions I’ve ever made. My hubris was talking, making me think I was just too important for Alfred to entrust his care to anyone else. Even my own family had been dragged into participating in my martyrdom. The least I could have done was to send them on to Park City. But what good is a great sacrifice without an audience? I made a classic, rookie mistake. I should have gone skiing. Really. It sounds harsh. I should have known I was not indispensable — even for Alfred in his last moments.

Alfred died. He eased into death with a little morphine. On one side of the bed was his father praying to the Lord to take his son. On the other side, his mother begging God to take her life instead. The only substantive thing I did was to ensure that Alfred’s dog could cuddle next to him in bed. The dog was smuggled into the hospital room in a large shopping bag. When a nurse discovered it, I wrote an order in the chart: “Dog to be at patient’s bedside every nursing shift — no exception.” This was at a time when a doctor’s order still carried some weight. As soon as I proclaimed the dog to have medicinal potency, all objections from the nursing staff ceased. Alfred died with his beloved dog at his side. (116)

The day after Alfred’s funeral, Hamilton’s back suddenly bucked violently. He doubled over and fell to the floor. Janey, his wife, comes running. She wants to call 911 but he won’t let her, thinking it would be unbearable if the paramedics tried to move him. Two pain killers and a short while later, in through the front door walks Charlie Begay, a Navajo graduate student with whom he had prepared a syllabus on Native American

medicine a year or two earlier. "I told him that I had undoubtedly herniated a disk," Hamilton recalls. "Gosh, I had a thousand crazy ideas at that moment. Cancer. Multiple sclerosis. I was swimming in panic."

"I've got to go now," Charlie said suddenly. "But I'll come back. And I'll bring help. Don't worry!" Later that evening the doorbell rings. It's Charlie accompanied by a medicine man.

Over the years, I've had the honor of working with several medicine men. You can always spot them. They've got a certain power, a presence about them. There's a strange, enveloping warmth emanating from their hands too. I've only felt that warmth coming from the hands of sacred folks (and no, I don't have it). (118)

The silver-haired, elegant gentleman speaks only to Charlie, in Navajo. Charlie interprets: "He says you must ask your whole family to come into this room. They will need to be here with you. And to help you." While Janey gathers the children, Charlie motions toward the fireplace: "We will need to build a fire here." The old man starts a small fire, lays down fragrant sage and sweetgrass. Charlie pulls a wooden chair in from the kitchen, squaring it so the old man would be properly seated in the north.

Charlie motioned me toward a second chair, placed in the east.... "Come on, Charlie," I protested. "I can't even breathe without hurting. There's no way I'm getting up." I felt certain I must have herniated a lumbar disk or something. "I shouldn't move right now," I added.

"Get up," Charlie said icily. "It'll be okay. You must do it now. Right now." There was something insistent in his tone of voice that gave me a sense of dread. I wondered if something terrible would happen if I didn't get up.... Even though I'd been racked with spasms of pain and could not stand up straight all day long, I somehow managed to shuffle over to the chair with surprising ease and sit down. Charlie ordered me to strip to the waist. The medicine man began fanning the small fire with an eagle feather fan. I closed my eyes and began to breathe deeply, trying to relax my tender back as much as possible.... The old man began a slow, deep-throated singing.... I seemed to start vibrating in harmony with his chanting. He would sing and then blow into the fire, sending the sweet scent of sage into my lungs.

I felt his hands, like hot coals, on either side of my spine. I could feel love and kindness, pouring out from his being into mine. I had the sense he was somehow merging his hands inside my own body. And I suddenly became aware of an intuition that he might be putting himself at risk in doing so. He said something to Charlie.

"He says you must let go of someone. He has seen a boy in you, in his vision within you. A boy you love. He has already passed over to be with the Ancestors. But there is a tie, a string that holds him by his leg.... You have tied this boy up, like a pony. You hobbled him by the leg, and you are holding his spirit back. You are clinging to him, yes? You have tied this boy by his ankle, and you are holding him fast. And you are holding him against his will. His ancestors call out to him but you stand in the way! ... This boy's spirit is very angry with you. The boy's spirit is kicking you hard, to get loose, so he can be free. He wants to go. To join his ancestors in the spirit world. He's yelling at you to let him go."....

"I don't know what he's talking about," I said. But I did. I began to just sob. My shoulders started shaking uncontrollably....

“Grandfather [a term used for any respected male elder] says that the boy is kicking so hard to get loose of your tight hold that he has kicked you in the back. That is why your spine hurts so much. He has kicked you, like a mule would kick to get free of a coyote that holds on to his leg.... Grandfather says that if you do not let go of this boy’s spirit soon, it will just kill you. It will keep kicking at you till you are dead — that is how badly it desires to be rid of you.”

“I will let go. I will let go!” I sobbed. I felt helpless. I continued crying out loudly.... I was now inexplicably dripping in perspiration. I didn’t feel unusually warm or febrile, but rivulets of sweat were running down my torso and soaking the waistband of my pants. I was sweating as hard as I was sobbing. (119–121)

Later Charlie confirmed that the medicine man had, in fact, endangered a part of his own soul. He had been willing to put himself at risk for his patient.

This is the one critical difference between healing and just practicing medicine. Healing requires that physician and patient enter into partnership, facing dangers together. Two lives at risk! Medicine was not meant to be a mechanical transaction. It’s a spiritual quest, putting your own soul on the line, along with the patient’s....

It was my own guilt over losing Alfred with which the shaman had to wrestle. I had spent so much emotional energy over Alfred that I had created a malevolent spirit of enormous strength out of my own feelings. The shaman had the skill and strength to help me confront my monster. (123–125)



Sarah Gideon, aged thirty-four, had suffered an almost lethal intra-cerebral hemorrhage. The operation required cooling her body temperature down low enough to put her into a state of suspended animation. As the temperature dropped below 90 degrees Fahrenheit, her heart stopped beating. After that the bypass machine was shut down. All blood flow to her body and brain ceased, her brain wave activity on an EEG monitor fell to zero.

The operation went without a hitch. Most of the conversation in the OR was light-hearted. It was recorded on tape. As the patient awoke in the intensive care unit and her head cleared, it transpired that she not only recalled, almost word for word, most of the conversation that took place while her EEG was flat but also had an image of everyone in the OR.

From everything we currently know about how the brain works, it would be utterly impossible, from a biochemical, metabolic, and physiologic point of view, for this woman’s brain to create a memory.... Yet we also had here unequivocal, scientific evidence that not only was her brain not working, it specifically demonstrated the absence of all cortical electrical activity when these conversations actually took place. So where could these brand-new memories have been created? Where had these memories gone? And where could such a place exist? Certainly, wherever it was, it would have to be beyond the confines of her own brain and mind as we currently understand them.... No matter how we sought to explain it, this woman’s experience seemed to indicate that the mind, the essential repository of consciousness, could somehow be induced to separate from the very brain that created it. That it could live without neuronal support of any kind. Maybe her “deathlike state” was a prerequisite condition. (195–197)

So what do we, in the field of medicine, do with unsettling disturbances, the supernatural ripples? Ignore them? Ban their discussion? Or do we declare them simply to be a puzzling mixture of science and spirit? Can we not, as doctors, allow ourselves to entertain the possibility that the supernatural, the divine, and the magical may all underlie our physical world? Would we not be the richer for just challenging our imaginations? Don't we owe it to those who come after us to at least raise the questions? Can we not admit we yearn to glimpse the mystery of the spirit? And we need to ask questions when we stumble across evidence that consciousness survives beyond the life of the brain... I'm not looking for extrinsic guidance from my peers or the scientific literature. I am content to be just what I am: amazed and excited about the possibilities. I tell you this: Whatever solitude we feel on our journey through life is entirely of our own fabrication. We are the only judges who can sentence us to solitary confinement. We alone are empowered to make a conscious decision to envision and embrace our spirituality. Our susceptibility to feel connected to the supernatural is enhanced by experiencing the uncertainty of severe illness, the anxiety of major surgery, and the sheer fragility of life. But in these three lies the shimmering gateway. (201–202)

The day before Sarah was discharged, Dr. Hamilton asked her whether the experience had changed in any way any of her presumptions about life or God.

“Yes. I have faith. I believe in God. I know that when I die, I will be with Him in Heaven. For all eternity. So the incident reminded me that I do believe.”

“I believe in God too,” Hamilton said.

“Yes, but you want me to reassure you that God is there. You want to know that I was somehow out there with Him. You're asking me all these questions because of your own doubts, your own fears.”

“Maybe so. I just want to...”

“You just want to *know*! Not believe. Like I do. But know. For sure.”

“I suppose.”

“Did it ever occur to you that the reason I may have experienced whatever I did — whatever you and your colleagues are running around trying to prove — might just be a reflection of my faith?”

“I'm not sure what you mean.”

“I believe in God so I'm able to join Him. You don't — or you worry that maybe you don't — so you can't.”

I just stared at Sarah, dumbfounded. She was absolutely right about my desire to know. About my doubts. I thanked her for her time. I embraced her. I had nothing left to ask her. Nothing left to say. (203)

As a surgeon, Dr. Hamilton had lots of opportunities to observe individuals as they die.

As I've talked to them, everyone of my dying patients reports to me they feel a great sense of peace as death comes. They describe being in the midst of a beautiful, loving, divine presence. Close to the end, my dying patients appear to be overcome by a moment of final grace and rapture. There's a glorious light, they always say. There's a last, great overwhelming thrust of love propelling them across the chasm. I think that tells us what lies on the other side of this life, when we finally “pass over.” I know it comforts me every single day of my life.

This has become one of the more important lessons I've learned as a physician. For me there is no surer evidence that something glorious and wonderful lies beyond our mortal existence. Death is not an end. It is a new beginning. It entails a magnificent reunion with God and all the wonderful souls that we've ever loved or will love. This is our destination when we pass over. Dying is not the end but rather a shift to a fresh form of life, a new and glorious manifestation of ourselves. In this regard, death would seem to be just another dramatic transition in a continuing cycle, similar in quality to birth. We jettison our mortal shell as we pass from one life form and consciousness to another, more wondrous than the last. (220)

In the final pages of this marvelous book, the author offers Twenty Rules to Live By. These too contain astonishing insights and observations. Go get this book. It's one of the best I've read in quite some time.