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Autobiographical Essay

Introduction of "Oncology" as a clinical discipline in the English-speaking world

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Cancer patients in the past had been treated by various clinical specialists, according to their training and knowledge. As it was realized that they are better treated by a multidisciplinary team of specialists, several prominent Cancer Surgeons in London UK, conceived of bringing management of cancer under one clinical discipline. The word "Oncology "was imported from Soviet Russia to Hammersmith Hospital in London. Cancer Surgeons in London quickly realized the potential of the word "Oncology. With their initiative "British Association of Surgical Oncology" was formed in 1973 in London. From there the concept of "Oncology" as a clinical discipline spread to the rest of the English speaking world and elsewhere.

Key words*:* **Introduction, oncology, clinical discipline, clinical practice, cancer, Cancer patients,**

INTRODUCTION

I handed over my immigration form to the officer. In the box for occupation I had written "oncologist". Expecting to be asked for clarification, I was surprised when instead, with a deep sigh, the officer said, "My wife died of cancer two years ago." I was on a developing island nation, deep in the Caribbean, and even the immigration officer knew what an oncologist does. This happened a few years ago. That would not have been the case, even in developed English speaking countries, just a few decades earlier.

Surgeons have handled Cancer for centuries. This is a disease known to have occurred in prehistoric animals, as noted in dinosaur fossils (Rothschild, Tanke, Helbing, & Martin, 2003), as well as among members of several Egyptian royal families (Ruffer & Willmore, 1913; Zimmerman, 1981).

Even though physicians have known cancer from antiquity, until as late as the twentieth century, cancer patients' special needs were far from being appreciated by the treating community. The need for a specialist's expertise was yet to be conceptualized.

In modern times, most cancer patients are first seen by a surgeon and then referred to other specialists for their technical skills and expertise. Special hospitals for cancer treatment have been built, i.e., the Royal Marsden Cancer Hospital in London, UK; the Memorial Sloane Kettering Hospital for Cancer and Allied Diseases in New York; Princess Margaret Hospital in Toronto, Canada; Institute Gustav - Roussy in Paris; the Radiumhemmet Centre at Karolinska Institute in Stockholm; Tata Memorial Hospital in Mumbai, India, etc. In these specialised hospitals, cancer patients were treated under one roof, for convenience. Management of cancer as a discipline on its own was yet to be defined.

I was a Ph.D. candidate in 1969 at the University of London, working under supervision of Mr. Ian Burn, Senior Lecturer and consulting surgeon in the Department of Surgery of the Royal Postgraduate Medical School and Hammersmith Hospital in London. (In the UK surgeons are addressed as a matter of respect and elevation of professional stature as "Mr." rather than Dr.). A Doctoral Thesis at the University of London must be submitted through a home department.

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Figure 3: Mr. J.I. Burn, internationally renowned breast surgeon and a historical figure in making oncology a unique discipline.

"carcinos" to describe a cancerous lesion resembling a crab. Almost 600 years later Galen, around 200 AD, adopted the Roman word "oncos" (swelling) in relation to tumour, which was the beginning of the word "oncology" ("History of Cancer," 2005).

During the same trip I had the privilege of visiting oncology hospitals in Kiev in the Ukraine under the close supervision of the "In tourists" and later in Athens, Greece. I was informed that such oncology centres did exist in some of the Baltic States, for example, in Leningrad, Minsk, Tashkent, Yerevan, Tbilisi, Baku, etc. I had the privilege of visiting the Oncology Centre in Leningrad (present-day St. Petersburg), and in Tashkent at a later date. Interestingly, although the Greeks contributed much in naming the discipline of oncology, during my visit, none of the main oncology hospitals in Athens in 1968 bore "oncology" in their names. It seemed that while Eastern European countries, especially Slavic ones, had already adopted the word "oncology" in their day-to-day medical vocabulary for the management of cancer, it had not worked its way through to Western Europe, especially the English speaking world. Oncology was coined in 1857 from modern Latin and was included in the Cambridge English dictionary, which provoked little or no excitement for its usage in clinical medicine (Harper, 2001-2012).

I returned to London full of enthusiasm and conviction that we had found the name for our cherished clinical discipline and the name of a host department for my thesis, which would be oncology.

IN PURSUIT OF ONCOLOGY

By this time Mr. Burn (Fig. 3), a young, dynamic, tireless, thriving academic surgeon at Hammersmith Hospital and the Royal Postgraduate Medical School of London University (Fig.1, the original facade of Hammersmith Hospital), was ever busy with patients, teaching, cancer research, cancer screening, and public education programmes. In spite of heavy commitments at work, he made time for his lifelong loves, cricket and marathon running.

I was impatient and could not wait to divulge the discovery I had made during my Eastern European trip. Mr. Burn, my supervisor, always had time for me. It was between 5:30 and 6:00 pm the day after his operating session that he agreed to see me in his office. With him was Mr. Sellwood. Ronald Sellwood, later to be Professor and Director of Department of Surgery, Manchester University, has a razor-sharp intelligence, splendid analytical mind, unassuming personality, and a wonderful sense of humour.

I indicated to Mr. Burn that we were on our way to finding the name of a host department for my doctoral thesis. The word "oncology" sounded unfamiliar. I could see curious expressions on their faces, which I can never forget. I explained to both of them the Greek origin of the word and widespread usage of "oncology" in several Eastern European hospitals and universities. I explained its linguistic roots and the meaning and scope of the word as used in clinical medicine in Eastern Europe and Soviet Russia. As time went by, I

Figure 1: The imposing Edwardian Facade of Hammersmith Hospital in London, which has graced the Hospital from its very outset, was built in 1912. Explosive changes have taken place both structurally and in advances in medical science behind this graceful, serene facade.

felt both Mr. Burn and Mr. Sellwood were beginning to understand the profundity of the word "oncology", which must have struck a harmonic chord in their minds. A few days after our meeting, Mr. Burn confided that he would be happy to support my application to London University to accept oncology as my home department. Having had further discussions with Professor Selwyn Taylor, an eminent thyroid surgeon and the Dean of the Royal Postgraduate Medical School at that time, I took all the necessary procedural steps to apply to the Senate of London University. My request was eventually turned down for not having any precedence or an established clinical or non-clinical department within the University's academic arena.

At that point I realized that it was a futile exercise to try to establish oncology as a discipline for my purposes. I was allowed to submit my thesis through cytology cell biology as my host department, and I successfully defended my dissertation and obtained my Ph.D. degree from London University.

Mr. Burn envisioned that treatment and management of cancer patients needed to be done under one roof and within one concerted program. He realized that a truly interactive multi-disciplinary team of cancer specialists and support services must manage cancer patients. Therefore, training cancer specialists, particularly training *surgeons*, was essential and was a priority.

Under the leadership of Professor Ian Aird, the then-Professor Director of the Department of Surgery, Hammersmith Hospital developed several internationally recognized and highly respected subspecialties, i.e. cardiothoracic, vascular, renal, plastic and reconstructive, neurosurgery, etc.

Immediately before his untimely death in his early 60s, which devastated the surgical community worldwide, Professor Aird charged Mr. Burn with developing a cancer surgery section within the directorate of surgery (Burn, 2007). Professor Aird's successor, Professor R.W. Welbourn, having recognized the need for and the prospect of having a section of cancer surgery at Hammersmith, engaged Mr. Burn and Mr. Sellwood to develop the speciality breast clinic focused on cancer (Burn, 2007). The need for specialist training in surgery for management of cancer was still very close to his heart. This was a mammoth task. Cancer surgery was traditionally done by general surgeons, without any special training or insight into the biology that guides the surgery of cancer patients. Education and re-education of these highly respected, technically savvy professionals must be hugely challenging. Medico-politically, it needed astute manoeuvres without upsetting the surgical community. Mr. Burn needed a meaningful name for cancer treatment and management to sell it to the surgical community. To develop a surgical cancer service, "surgical oncology" sounded perfect.

Professor Ronald Raven, a teacher, an academic, a prolific writer, and an internationally respected cancer surgeon, for many of his pioneering works was at the

Figure 4: Professor Ronald Raven, eminent cancer surgeon of Royal Marsden Hospital, London, without whose patronage, the establishment of the sub-speciality of surgical oncology and thereafter oncology as an independent discipline perhaps would not have been a reality.

Royal Marsden Cancer Hospital in London. Professor Raven also had the same vision for the need for specialized training for all cancer surgeons, which necessitated establishment of a subspecialty of cancer surgery. Professor Raven became a member of the council of the Royal College of Surgeons of England (Fig. 4).He was a strong proponent of Mr. Burn's vision and a sort of mentor to him in the process of developing surgical oncology as a subspecialty (J. Burn, personal communication, October 21, 2010; Burn, 2007).

Having unmitigated support from Professor Raven and Mr. Burn, oncology in general and surgical oncology in particular positioned itself to fill up the ill-defined area of cancer management in the UK and elsewhere.

With support from Prof. Raven, on 7 October 1970 the Royal Society of Medicine formed the section of oncology under the chairmanship of renowned cancer researcherSir Alexander Haddow, Director of Chester Beaty Cancer Institute in London (Burn, 1998; Burn, 2007).

On 29 September 1972 the British Association of Surgical Oncology (BASO) was formed. Prof. Raven was elected as the first president (Burn, 2007). I was invited to be a founding member of BASO. I was Senior Registrar in the Radiotherapy Department at Hammersmith Hospital and a tutor in radiotherapy at London University at that time. I was one of few relatively junior non-surgical founding members of the British Association of Surgical Oncology (Burn, 1998). I guess I was offered this privilege due to my association with Mr. Burn or perhaps as a gesture for importing the term "oncology" from the East. The first Annual Scientific meeting of BASO was held on 8 June 1973, at the premises of the Royal College of Surgeons of England in Lincoln's Inn Fields, London. The theme of that meeting was "Should Lymphadenectomy be discarded?"(Burn, 2007; I. Burn, personal communication, October 21, 2010).

I was questioned by many participants at that meeting about oncology and its meaning and scope of activities. The word "oncology" was catching on, I expect due to its wider and perceived inclusiveness. The dreaded term "cancer" to the general public spelt nothing but suffering, desperation, and death. But the term"oncology" brought a glimmer of hope, the strength of a team, and a will to fight and live. It made people think more positively about their illness, at least for the short term. The professionals, I assume, also felt the need for a unified, structured, clinical discipline with more cohesive inter-disciplinary and collegial interactivity. The public perception is most likely a deeper commitment to support its cause in a variety of ways.

In 1974 the Radiotherapy Department at Hammersmith Hospital changed its name to Radiotherapy and

Oncology and soon after, to Radiation Oncology. The Royal College of Physicians of London established a sub-speciality of Medical Oncology in 1973.By the mid-seventies oncology as a discipline for cancer management was widely used in the UK. Several oncology centres were established, which offered comprehensive, multidisciplinary cancer management, research, and academic programmes.

The British Association of Surgical Oncology matured and advanced to become the European Society of Surgical Oncology, which was formed on 19 October 1981 in Lausanne. Mr. Ian Burn was the President of BASO (1981-83)at that time. Prof. Umberto Veronesi, a well-known breast surgeon from Milan, became the first president of the European Society of Surgical Oncology (ESSO), with Mr. Burn as Vice President (Burn, 1998). On completion of Prof. Veronese's presidential term, Mr. Burn became the president (Burn, 1998).The vision of Mr. Burn and Prof. Raven, propagating surgical oncology, did not end there. Now the entire world wason their radar screen. On February 28, 1992, because of the initiative of Mr. Burn, Prof. Wally Temple, and Prof. Ronald Raven, the World Federation of Surgical Oncology Societies (WFSOS) was formed in a meeting in London at the Royal Society of Medicine. At its inception there were thirteen representative (Burn, 1998) societies from various countries. This has now grown to more than 33, representing nations from both the English and non-English speaking world (Dr. J. Jaskiewicz, personal communication, February 29, 2011). Mr. Burn became its founding president and Dr. Wally Temple of Canada was a forceful and dynamic vice president (Dr. J. Jaskiewicz, personal communication, February 29, 2011; Burn, 1994). Thus the term "oncology" was infused not only in British and English speaking countries, but also the world at large. Its profound impact on the way we treat and manage our cancer patients reverberated worldwide.

The word "oncology" is said to have been included in the Cambridge Dictionary more than 60 years earlier; *Acta Radiologica*, an English-language cancer journal began publication in Sweden in 1921. It changed its name to *Acta Oncologica* in 1963 (V. Haraldsdotter, personal communication, March 16, 2011). This Englishlanguage cancer journal left little impression on the English-speaking world. Highly thought of Russian language scientific journal of oncology, *Vaprosy Oncologii (Problems in Oncology)* started publishing from Leningrad's prestigious Academy of Medical Sciences in 1955 (Prokhorov & Waxman, 1973). Unfortunately, this highly sought-after journal had very little impact on influencing the West to think in terms of oncology as a unique discipline,until its
and ASTRO, incorporated oncology in defining their status and scope of activities. Radiotherapy changed to
rediscovery in Moscow and some other Eastern European countries and its introduction to Hammersmith Hospital and the Royal Postgraduate Medical School of London. Professional and academic prowess and the persuasiveness of Mr. Burn and Prof. Ronald Raven established the term permanently in British medicine. Due to their foresight and dedication, Oncology, which describes the science and practice of treatment and management of cancer as a unique and independent discipline, became a worldwide household term. Many cancer treatment facilities adopted the name Oncology centre. It replaced the commonly used "cancer", which indeed had a very negative impact on patients and their relatives. Attending an oncology centre brought the spirit of team effort, strength of an institute, organization, and hope to patients because of its radically visionary approach.

ONCOLOGY IN NORTH AMERICA

North America, especially the United States, was well ahead of rest of the world in appreciating the need for specialist surgeons to treat cancer patients. Memorial Sloan Kettering Hospital, in association with Cornell University, under the leadership of Dr. James Ewing, slowly and formally trained a motivated group of surgeons who would be experts in cancer surgery and the application of radium to cancer patients. By the mid-30s, several surgeons were trained under the leadership of Dr. James Ewing at Memorial. He was a visionary who appreciated the need for a multi-disciplinary team for cancer management. These specially trained doctors later spread all over North America and many other parts of the world to be recognized as cancer specialists. The concept of cancer specialty emerged from Memorial Hospital in New York (Society of Surgical Oncology, 2010). Rosswell Park Memorial Hospital in Madison, Wisconsin, was soon to follow suit, becoming another important training institute for cancer surgeons.

In June 10,1940 the James Ewing Society was formed at Memorial Cancer Centre in New York, with an exclusive membership of surgeons or cancer specialists. The James Ewing Society's annual Cancer Symposium became the most important forum for surgeons and cancer specialists. The name and trend continued until 1975, when after a joint meeting with the British Association of Surgical Oncology (BAS0),in London, UK, the name of the James Ewing Society was changed to the Society of Surgical Oncology (Burn, 2007). Other cancer-related disciplines were relatively slow in adopting oncology as the nature of practice. Various oncologic subspecialties were developed slowly but surely. The learned cancer societies, i.e., ASCO

radiation oncology, and medical oncology and paediatric oncology were adopted as cancer subspecialties by the early 1980s. Gynaecological oncology as a sub-speciality, however, preceded the others by several years (Kjellgren, 1984).

Canadians were more receptive to the term oncology as a discipline and its associated subspecialties. By 1976, radiation oncology, medical oncology, paediatric oncology, surgical oncology, and gynae-oncology were established cancer treatment subspecialties in various Canadian cancer centers. When I joined Manitoba Cancer Treatment and Research Foundation (MCTRF) in 1976, all the major clinical departments had "oncology" suffixes, i.e., radiation oncology, medical oncology, etc. Several site-centered multidisciplinary cancer management teams had been developed also, i.e., head and neck oncology service, gynae-oncology service, multidisciplinary paediatric oncology, multidisciplinary breast and colorectal oncology services, etc. I guess this must have been to some extent influenced by Mr. Burn's trans-Canadian visit once in the late '60s and again in the early '70s (Burn, 2007). Moreover, several eminent Canadian cancer specialists were British-trained doctors with strong, impressive personalities, i.e., Dr. William Rider, Dr. Ray Bush,Dr. Roy Clarke at Princess Margaret Hospital in Toronto, Dr. Jim Pearson at WW Cross, Dr. Stewart Jackson, and Dr. George Goodman at BC Cancer Centre, who might have brought the concept of oncology with them or have been influenced by the changing pattern of practices in their homeland.

By the early and mid-80's Australia and New Zealand had also adopted oncology as a discipline. Australia and New Zealand created the faculty of radiation oncology within the Royal Australian and New Zealand College of Radiology (RANZCR, 2012).

WHAT IS IN A NAME?

In the antiquity, be it Egyptians, Babylonians, Jews, Indians, or Greeks, naming had a strong, powerful and to some extent mysterious bio-socio-psychological influence over people, events, society and human history at large. Therefore, "naming" took place in older civilizations within a ritualistic context, with guidance from Scripture, priests and the Talmud, as amongst ancient Babylonians and Jews. Even in modern times, corporate naming is taken very seriously. It is believed that inappropriate naming can make or break a business or an organization, so corporate naming agencies may charge anywhere from 10,000 to 80,000 USD for their services, and there has been no shortage of takers (Davis, 2010).I believe names do exert a strategic influence, which may imply the institutes, mission, vision, and scope of activities--its regional, national or universal role. It can indicate the organization or the institute's academic, for-profit or philanthropic priorities. In the corporate world names like Coca-Cola, McDonald's, Apple, and even Warner Brothers have a huge impact on people and consumers. These are the brainchildren of astute market researchers.

HISTORY IN THE MAKING

It is understandable why the introduction of "oncology" into English medical vocabulary may have made a remarkable impact both on the public and professionals. Within the context of oncology, the most dreaded word, cancer, is de-emphasised. Cancer treatment is not done by serial practitioners but by a cohesive team. Incorporation of oncology in clinical practice brought cancer specialists from various disciplines, be they clinicians, health care professionals, academics, researchers, support services, epidemiologists, education and cancer prevention programmes– all are under one roof, in one team, with one unique objective and goal (Malaker, n.d.).The concept of treatment of cancer patients with the help of several specialists is not entirely new. Cancer Boards had been established in many cancer treatment facilities decades earlier. In the Cancer Board, specialists served as advisors, not as team players. They represented various departments, i.e., surgery, medicine, gynaecology, and pathology, without having any commitment to the cause of patients. Specialist training and education, i.e., surgical oncology, radiation oncology, medical oncology, tumour pathologist, oncology nursing etc. Establishment of oncology as a discipline, has changed all this. I think society's understanding and appreciation of this fundamental change that is, a meeting of minds, a meeting of skills, a meeting of heart and soul, in tackling one of humanity's worst menaces by oncology and oncologists has helped its fast propagation and progress globally. A young graduate student's quest for an academic home just over 40 years ago, along with Mr. Ian Burn, Professor Ronald Raven, and some others' foresight, determination and persuasiveness are all an integral part of the history of oncology, and there is yet more to come, as history is still in the making. I am not surprised that the immigration officer in a remote Caribbean island was un-bewildered by my occupation as an oncologist.

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DOC! I wish I could stride as you do

- Kamal Malaker

I never thought, it will happen to me. I thought no sickness will or can inflict me. If we are born, only single absolute truth we have in our life is we will die. I opted to think that will not happen to me.

Why? Because I am a doctor. Because I have many more important duties to perform; that is saving other people's lives in this world, rather than me getting into dying act. That is unacceptable, that is not tolerable, that will not happen. That was my conviction.

But unthinkable also happens even if one is a physician. Two to three years before the incidence I am just about to describe, I started to get pain in my right hip. I have been a fast walker and competing sprinter in my school and college days. As a senior specialist I had to walk the long hospital corridors from one ward to another for our daily ward round, or consulting with the radiologist or reviewing with the pathologist; for that matter anyone else, I wish to confer with. My junior physicians use to lag behind. Sometimes they had to run to catch up with me. One day one of the registrars asked me while we were strolling in the corridor "Prof Why do you walk so fast? We are still in the hospital, not going anywhere."

I thought that was little bit unwise to ask me. Just to make him feel at ease, I said you know why? I want to keep all of you healthy. The young man was little bit embarrassed. He fumbled to look for a response then said, "Thank you sir!"

That was more than 2 years prior to having the beginning of my right hip pain. I started doing exercise, adopted regular walking routine. The pain started to increase slowly.

I needed to take pain killers periodically, then regularly every 8 hours, then increased the dosage. I was convinced, it would go away in due course. With the help of increasing dosage of painkillers, massaging with various local pain killing emollients, regular exercise, I got on with life normally, but with some challenges.

"Doctors heal thyself" was a poor dictum for me at that stage. I saw my doctor, he ordered X-rays of my both hips. The report was not unexpected, but unwanted and frustrating. X-rays showed 2/3rd of my right hip had been damaged from osteo-arthritis.

Why Osteo-arthritis? Is it because of too much of fast walking? Books and Pundits tell me, walking is always good for your joints. So, what is it then? I asked my doctor. He looked at me, smiled, and said, "years of grinding does it. Remember the years we have gone through," he said. He knew very well, if he brought the issue of ageing, will be offensive to me. He did it in a very gentle way. I need not ask him anything else.

I continued with my pain killers, massaging, and gentle walking. But the pain continued to get worse. It was affecting my walking. I had to use walking cane for support. That was embarrassing, to walk in the university campus with a cane. Interestingly few of my other colleagues were also using walking cane regularly. I had seen them. Felt sorry, but do not think they were embarrassed. Then I thought, why should I be embarrassed?

Some change in the behavior of students concerned me more than what was going to happen to my health. I suddenly noticed, students, if met, in the campus, would stop, ask, chat or just say good morning, and slowly walk away. However, I noticed, they only greet me and walk away. That was more painful than my hip pain itself.

Gradually my pain gotten worse, walking cane was not supportive enough. I graduated to be walking with a crutch, as advised by my orthopedic surgeon. By this time, I had another X-ray of my hip. Almost one year after the previous one. This was reported almost complete obliteration of the right hip joint cavity. No wonder the pain is so severe. He gave me Steroid injection into my joint and said, I have been wait listed for right hip replacement. A justifiable plan for him. But the pain was getting from bad to worse. It was difficult to manage with frequent use of stronger pain killers and other supporting medications. I was never free of pain, except for about half an hour after the painkillers are taken. Frequently went to my masseurs and physiotherapist. These were more for moral and psychological support than actual physical relief.

Constant deep dull and tightening pain of the right hip, shooting down the right leg at times. I started to feel giddy and nauseated. My zeal for work that is, teaching and helping my patients was getting more intense and demanding against all the physical challenges and mental agonies.

I tried to walk straight with natural pace, in the campus, in the hospital corridors, while doing ward rounds or working with my patients and interacting with the students. The challenge of pretending being normal, was more challenging, mentally than the physical stress which continued to get worse.

I had no choice but try harder and keep a straight face.

Dwayne was assigned as my driver to drive me from the university campus to the hospital, which is about 35 miles away, took an hour and half to cover, due to the terrain and narrow potholed roads. He has had done this for last five years, efficiently with greatest care and respect. With time he noticed my gradual deterioration, in walking, getting on and off the car, response to "pothole jolts", repeatedly popping in pain killers even to get in and get off the car. He tries to help me in and out. Holds my bags, my crutches or anything else I need in the clinic. He waits around all day until I am ready to return to the campus. Pops in from time to time to check, if I needed anything. Chatted with the patients in the waiting corridor, to keep them engaged and happy.

One day I was expecting couple of very special patients. I told Wayne. Today I will walk alone. I will go first into the clinic and you will follow me couple of minutes later. He did not understand the reason. But let me do it as was instructed.

I walked tall on the corridor leading to my clinic. I walked or tried to walk like a leading military general. For very odd reason, Adolf Hitler's marching while inspecting his regiments, came to my mind, again and again, Netaji's leading marches in Burma, inspired me to walk tall. I kept praying, please let me do it! Please let me do it! I walked tall, forceful and inspiring, while greeting all my patients, those who were waiting in the corridor, including my two very special patients.

I entered the clinic office, physically totally shattered but mentally elated because no patients did see me today in crutches or helped by Wayne into my office, with agonized face from heart wrenching pain.

Now I had my boost of pain killers and other muscle relaxants. Started to see the patients, one after the other. Did whatever I need to do.

My first special patient entered with her relatives on a wheelchair. This 52-year-old lady had radiotherapy for a cancerous tumor in her spine. Unfortunately, the treatment left her paralyzed. The cancer could have done the same. Treatment saved her but put her in a wheelchair for rest of her life. I examined her. She remained paralyzed but had no cancer. We talked lots about the life on a wheelchair.

Many great and not so great people spent their entire lives in wheelchair yet had very satisfying and productive life. I stood straight and tall during the entire period of examination and conversation in front of her. In the end she was energized and felt optimistic for her illness and life in general. She had no idea; how did I manage to walk and stand tall for her and why I did it.

My 2nd patient entered also in a wheelchair. This is a 29-year-old college student, had been paralyzed following surgical operation of a tumor in the spine. That was a year ago. He continues his university education. There is a possibility of recurrence. But I did not see any evidence so far, except signs of spinal cord damage following surgical operation. He asked me directly about the possibility of recovery from his paralytic state. My answer was, you never know, keep your physiotherapy and miracle might happen. A short pause from both of us. Patient said, Hmm! Miracle indeed. He said again with a deep breath, not a sigh "Doc, I wish I could stride as you...forever"

"You may be able to do" said I. Next time and time after we will walk together. He smiled and said, yes indeed. He departed wheeling and steering out of the office himself.

Time to return to the campus. Wayne was waiting outside. I asked him, if any patients waiting still. There were few. I popped in couple of painkillers, stretched my leg, sister did give me short message. I was ready to go without any help. Strode tall along the corridor to the car. Nobody has to know the doc is sick just as much as some of them were.

In the car Wayne with humility said Prof, I have been watching you getting worse and suffering more and more. Your daily life has increasingly become full of struggle. But none of your patients will ever know, how you kept them, happy and cheerful. I am the only witness.

"Thank you, Wayne, for all your help", I said. We drove off to return to the campus.

MIDNIGHT IN LEPTIS MAGNA

Kamal Malaker

If someone asks me today: tell me what you can say on Leptis Magna.

I will stare at him with a vacant look, assuming he is trying to teach me Latin. No idea, I would say!

On second thought, could it be another charter like the "Magna Carta, the great charter," which is the most important constitutional document of all times we learned about it in our school history? In Bengal, under Calcutta University, we had to learn British History. I do not know if it was true in other provinces and other universities. Magna Carta is the foundation of freedom of the individual against Despots' arbitrary authority, as we were taught.

I thought I gave a clever answer.

He stared at me, smiled said, good try! But the response is resounded **Noppe.** Try again, he said

I had no idea what to think. Maybe I should make a 180 degree turn around—nothing to do with politics, social engagements. Instead, how about Lapis Lazuli, the semiprecious stone with intense blue color favored by famous kings and queens like Cleopatra (the entire Egyptian monarchy). Jews consider it an emblem of success, and Christians revered it as the stone of the Virgin Mary.

I thought I was close. But nowhere close to being correct, said my inquisitor. But an excellent exercise for my fits for imagination.

You! He said, we are all lucky, not knowing what "Leptis Magna" is in the 21st century AD. But had we been born in 2nd or 1st century Rome, we would have been sharing the same cage with hungry Lion, tigers, or some vicious animals in the middle of a Gladiatorial Rink. This spectacle is for Roman Citizens' pleasure, excitement, and vitality, as a spectator of the gruesome mauling of your person by the wild beasts. The more you scream in agony, pain, and fear, the higher the spectators' delight of joy fills up the Air and atmosphere of the Rink.

Leptis Magna is the most magnificent Roman port city, after Rome in grandeur in the entire Roman Empire, competing with Carthage. Leptis Magna is located in modern-day Libya at the coast of the Gulf of Sidra in the North African Coast. Phoenician King Tyre established the City of Leptis Magna in the seventh century BC. But Archeological evidence suggests that Leptis Magna had been a settled establishment from Paleolithic, Neolithic people and had been a continuous settlement until it grew to its height of eminence at the time of Emperor Septimius Severus of Rome. (193- 211 CE).

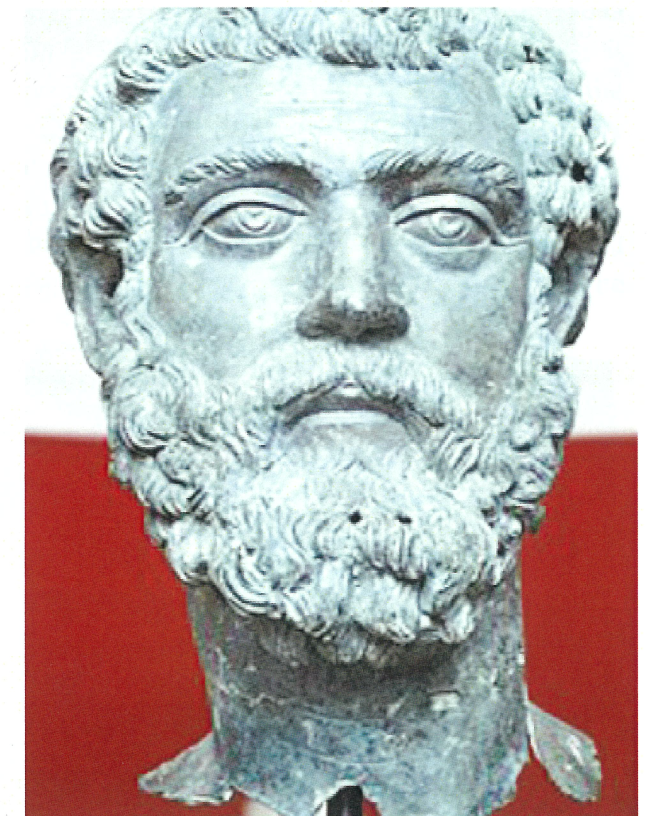
It is Septimus Severus who became the only black Roman Emperor who is also from outside Europe. Septimius Severus was born in Leptis Magna in a powerful, politically well-connected, and wealthy Libyan-Punic Family. Although he spoke Latin, Greek well, his native language was Punic, and the Family was of Punic culture, who conquered, settled, and developed Leptis Magna around the seventh century BC.

The punic culture was a Semitic culture developed in the western Mediterranean region, an offshoot from the original Phoenicians of present-day Lebanon.

Septimius Severus was one of the most accomplished Roman Emperors, successfully ruled Rome from 193 till 211 AD. He expanded the boundaries of Rome to the East, West, and North and to the South in Northern Africa.

Being his city of Birth of the Emperor Septimius Severus, Leptis Magna invested considerable funds and resources to make Leptis Magna the most attractive place to live outside of Rome. Thus, Emperor Augustus and Marcus Aurelius started the Beautification of Leptis Magna. However, Septimius Severus took their efforts to another level of advancement. Aside from the funds from the coffer of the Empire, wealthy local merchants like RUFUS also contributed a significant part of the fund to grandiose of the City of Leptis Magna to please their "Own-City-boy Emperor" Septimius Severus.

Arch of Septimius,
built by Citizens in honor of the Emperor Septimius



Emperor Septimius Severus
21st Emperor of Rome

He fought and won. Which he did not win; he negotiated a winning strategy or eventually submitted them under Roman rule. If not on the second attempt, he never had to go more a third time to secure a win for the Empire.

The road to any success is never easy nor smooth. Especially that of an *Emperor to be* that of Rome. Septimius Severus especially being a boy from the province, had to ride many high tides and sink into low ones,' saved by luck or by fluke; walk the filth of politics and betrayal, not only at the forum or at the senate but also at home and in his abode. Deception by loved ones, the allegation of rape after months and years of consensual cohabitation with several Garamentian socialites. Dishonored, disgraced, humiliated, but resurrected due to his apparent honesty and magnificent personal regal demeanor.

Remains of the Basilicas of Leptis Magna; redesigned and extended by Septimius

Amphitheatre of Leptis Magna built by Septimius

His thorny journey from being a private provincial boy in Leptis Magna, through the slippery and poisonous highway to the "Emperorship" of Rome had never been uninteresting, lackluster, smooth, lacking surprises, several close encounters with near-death from attempted assassinations. Yet, he rode all those Tornadoes; fearless, the tenacity with resolution and courage to Tranquility, happiness, and luxury for Romans.

He married a local Lady from Leptis Magna, Paccia Marciana from the Punic stalk. After ten years of marriage, Septimius, still lacking a family, needed to procreate to retain his legacy to the throne of Rome. Paccia died of natural cause

Septimius's feeling for Paccia was never questioned since he never spoke about her in his autobiography. He scouted the entire Empire and the neighboring kingdoms looking for a suitable match after Puccia's death. He was keen on Horoscope to make a match for him. In the neighboring Kingdom in Syria, he discovered Julia Donna, the only daughter of an Arab high priest in the Sun God temple of Elagabalus. Julia was well educated, brilliant, active, and knowledgeable about national and regional Politics. It is conceivable that the Emperor frequently consulted Empress Julia for matters of the Palace and that of the state. She was a wonderful, compassionate, loving human being. However, she suffered from the fiery jealousy from many women from the Emperor's hometown Leptis Magna. The rest of the Empire. Emperor's love for Leptis Magna brought him times and again to the city, accompanied by the Empress. The city of Joy for Septimius had always been a city of threat to Julia's life. But she masterfully concealed her agony from the Emperor. It is not only Julia herself, her personal; entourage, guards must also be watching their backs, their food, and drinks all the time.

UNESCO Declaration of Leptis Magna as World Heritage Site

Declaration as Imperial City Roman Senate and the Emperor

Septimius just not only brought joy, glory, and power to his birthplace but also created several memorable monuments and buildings, which are still exuding his glory more than two thousand years after his death. Leptis Magna remains an architectural crown jewel hidden and saved by the sands of the Libyan desert and deteriorating access from the sea of Sidra.

The monuments of architectural marvels in Leptis Magna he left behind; the Arch of Septimius Severus, the Basilica, the Forum, the Theatre, the decorated colonnaded street, the Nymphaeum, modernization and extension of the marketplace, and the port of Leptis Magna.

Emperor and Empress's love and affection for their two sons Caracalla and Geta had been so intense that they were appointed as co-emperor during the lifetime of Septimius. A situation satisfied their heart but gave rise to imperial undefendable feuds, which simmered during the lifetime of the Emperor, but erupted like Vesuvius soon after his unexpected death in modern-day York while campaigning against the Scots, north of Hadrian wall in England.

Intrigue, desperation, threats of assassination poisoned the air in the Palace. Yet all under a veil of Tranquility. Geta 2nd son was smarter, loved by everyone even by the packs of senators, who wrestled with their father Emperor Septimius throughout 18 years of his reign, even before his ascension to the throne. Then, of course, to make the intrigue even more intolerable, due to line ups of several prettiest and most desirable ladies in the entire Roman Empire behind Geta. Thus, to Caracalla, the older son and aspiring Emperor's situation becomes more infuriating and intolerable. His fire of jealousy had been so intensely torrid, and he had Geta assassinated in their mother's arm by Pretorian guards. Caracalla's insecurity and jealousy had been unfathomable to such an extent that Geta's face was erased from all Roman coins and statues and portraits removed from all public places.

Emperor Septimius's success and rise to the pinnacle of Roman power had something to do with his physical demeanor. Apart from his height, his deeply penetrating eye of an eagle, yet full of a feeling of kindness, his face exudes strength with stability, Tranquility, confidence, and sagacious authority.

The overriding family feuds, senatorial treachery, alluring, seductive *tempter*, threatening political tsunamis all were happening all the time, but nothing could dislodge Septimius from his historical demeanor of strength and Tranquility.

How did he do it?

Despite being flooded with wealth, love, affection, comfort, and taste of supreme power, his two sons failed to be endowed with any qualities of Septimius's, making him one of the most extraordinary emperors in Roman history.

Unveiling the shroud, feeling under the world of power, is revealing, intriguing, full of unanticipated mystery, suspense, and uncertainties, through which the Imperial family wade through; survived thrived and conceived his own dynasty "The Roman Imperial dynasty of Severus."

Having spent six years in Colonel Gaddafi's Libya, I was amazed by Libya's historical, archeological, and cultural wealth. History goes as far back as paleolithic settlements along the Mediterranean shores and along the banks of many Wadis, which are seasonal rivers or ravines, those flows from Libya's south to the Mediterranean Sea, 9 to 10 thousand years back

But the surprise of Libya's interior, deep into the Sahara, is more intriguing, enthralling, and exhilarating rather than mind-boggling. Current archeological findings push Libya and the Sahara back by 25000 years when it was a tropical forested area with lush green vegetation, rivers, lakes, not wadis to give life to everything populated and covered by greenery, including animal habitation to match the environment.

That is a different story, nevertheless a continuum indeed.

My job with Libya's Ministry of Health and Higher education opened the opportunity to Crisscross the country. More I looked, more I witnessed, more I got convinced that Laptes Magna Could not have been better poised anywhere else, but only in the shores of thriving Libya. Ruled by its most celebrated son Lucious Septimius Severus, it could not have been born anywhere else but in "Lebda," as they called it affectionately to raise it to be a jewel in the Roman crown.

The "Midnight in Leptis Magna" is the title of fiction based on Septimius's rise and rise through the stormy sky, muddy and toxic waters. And at times impenetrable human jungle, where snakes and hyenas lived and conspired with his extended Family, elaborate establishment of consorts and likes are a regular company in the greater Roman Empire. It must have been an incredible fit to ride these out unscathed yet stay at the helm and expand Rome's glory, power, wealth, and physical limits.

Midnight is the end of all the wrestles, harassment, trials, and tribulations of the day's actions and frustrations. Yet Midnight is the time when one's worldly traitors, spirits, ghosts, and Vampires from the darkness are all in a hurry to claw in their prey. After Midnight, the thickness of night starts to dissipate slowly and bring the hope of life with the glimmer of the rising sun. Sunlight will glorify life again in Leptis Magna. But, this is not Leptis Magna of Septimius and his Family's intriguing life, who cherished their beloved Lebda after Rome. Instead, the book will tell stories behind the thorny, tempestuous yet glittering journey of Septimius in Lebda, before, during, and after his ascension to the throne of the Roman Empire.

This fiction absorbs local folklores, communal memory, tales from village elders, many officials, volunteers, shop keepers, and stories from fortune hunters with their metal detectors, substantially enriching this tale. Their stories will never find a way to history but will continue to enhance the fascination of folks mesmerized by Leptis Magna and its most gifted child Lucius Septimus Severus the Twenty-first Emperor of Rome, and only Black in the imperial throne of Rome.

Veni, Vidi, Vici.

(I came , I saw, I conquered)

Julius Caesar (100 BC- 44 BC)