

# To die & be reborn

This month marks the 70th anniversary of the world's first successful long-term organ transplant. Eric Trump recalls his own experience of receiving his aunt's kidney 26 years ago.

Something strange happens to time when it flows through the ill. For the healthy, it rushes along at its usual pace, leaping off a roof, pouncing on a speeding car, pitter-pattering over coffee cups and keyboards; but in the sickbed it stretches, licks its paws, and curls up at your feet. There you lie in the ringing silence, a Columbus of the great indoors, making an inventory of drifting dust motes, discovering heaven in a slab of sunshine broken in refracted rubble on the other side of a vase.

Virginia Woolf in her pioneering essay *On Being Ill* wonders why illness isn't, like war or love, one of the great themes of literature, since even a "slight attack of influenza" unveils "wastes and deserts of the soul ... undiscovered countries ... precipices and lawns sprinkled with flowers". And that's before the morphine takes hold.

In the years since Woolf's 1930 essay was published, illness literature has become a genre of its own, as sick writers convert their calamities into story. Solid-organ transplantation in particular lends itself to storytelling, the transplanted organ a narrative machine. The procedure is at once real - rooted in flesh and pharmaceuticals, bureaucracy, and economies of supply and demand - and mythic, with life sprouting from death, or more life and better life sprouting from kin and strangers who offer up their bodies to "mend the living", which is also the title of what might be the best novel on organ transplantation, by Maylis de Kerangal. The transplanted body can horrify (Mary Shelley's *Frankenstein*), sentimentalise (the movie *Return to Me*), and philosophise (philosopher Jean-Luc Nancy's essay *The Intruder*).

The fascination with one body, one self, shedding itself for another reaches back at least as far as the Roman poet Ovid. "Now I am ready to tell how bodies are changed into different bodies," he announces at the beginning of his *Metamorphoses*, an epic

torrent of tales whose central theme is not arms and the man or the rage of Achilles, but change. As in transplant medicine, death is routinely cheated in Ovid's work. Narcissus drowns in his own reflection, not to die, but to be reborn as something rich and strange: a daffodil.

"Rebirth" is a keyword in organ transfer's narrative, along with other horticulturally inflected terms such as organ graft, harvest, and, of course, transplant. Those receiving an organ are "twice born", celebrating the cheating of death with a birthday and a rebirth day. Most transplants involve two people, both of whom experience what ethnographer Arthur van Gennep calls a rite of passage. This is a three-part journey of separation, transformation and reincorporation.

In the context of transplants, it begins with separation from the world and one's self as one knew them - separation through illness or accident for the recipient, and through surgery for the living donor (or death for the cadaveric donor). Then comes transformation in the operating theatre, as part of one body becomes part of another body. Finally, recipient and donor (if alive) are reincorporated, gingerly stepping back into the lives they'd left, bodies the same but changed, the way a translation of one language into another is the same, but also radically different.

## THE BIRTHDAY PRESENT

I received a kidney transplant 26 years ago at a hospital in Upper Manhattan, two days after my 29th birthday. I was born with one kidney, which had been damaged early on by vesicoureteral reflux. This means my urine

flowed both ways: some to my bladder, some the other way, back to my kidney, scarring it and leading, eventually, to glomerulonephritis, a slow-burning condition that often leads to kidney failure. My kidney lasted 28 years, before it expired, feebly, mournfully, working at about 3% of normal, as my blood slowly turned to urine.

A urologic surgeon removed my faithful but ruined kidney because it threatened infection. Then, my transplant surgeon, who describes me in his notes as "pale and pleasant", nestled the new organ, not behind my ribs in the usual place, but into the pelvis, where the hip bone protects it and it has good access to the major blood vessels supplying the leg. Also, the ureter, which takes urine away from the kidney, can easily reach the bladder. I understand this new kidney began producing urine right away.

After surgery, I returned to consciousness in a glassy building perched on the shores of the Hudson River. I'd been abroad for 15 years, but, like a salmon returning to its gravel nest to spawn, there I was.

Things were, to borrow a term from Sara Wasson, a scholar of the transplanted body, "temporally ambiguous", certainly not "chrononormative". Outside, the New York minutes ticked down Broadway, but in my room different time zones and histories, past and future, intersected. A raw scar over my pelvis showed where I ended and someone else began, a slightly bulging oasis of otherness.

Most of my body was 29, but the kidney my Aunt Ingeborg had given me, in me, but not of me, was 54. Unlike recipients of cadaveric organs, I knew some things about this kidney. I knew most of its life had been spent in the wilds of the American Midwest; but also that when my aunt was an infant in 1944 her mother dodged advancing Russians and their bullets to ferry my mother and my aunt, and her kidneys, out of Poland to Germany before migrating to the United States.

After a couple of days, I shuffled with

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**The miracle of the black leg: A depiction of the legend of Cosmas and Damian transplanting the leg of an Ethiopian on to a white patient in the 6th century CE.**

precarious gait down the hall to a large-windowed lounge looking over the Hudson River to New Jersey, where I'd been born. The Lenape people called the Hudson River "Muhheakantuck", or the "river that flows both ways", because its fresh water flowing to sea meets a salty tide pushing upriver, creating a bittersweet double track. At times, it's difficult to tell what direction the river is flowing.

We, the "reborn", hovered in this lounge, like ships waiting for the tide to change. We glanced at each other over pale-orange face masks, our immune systems suppressed. Transplant surgery is relatively "easy". Deceiving the immune system into accepting the Trojan organ is tricky. This is perhaps why Jean-Luc Nancy, who received a heart transplant, calls his heart a "trespasser" and transplantation a "metaphysical adventure" that challenges the concept of selfhood.

A 2024 study on 47 organ recipients, published in the journal *Transplantation*, found 89% reported changes in their personalities after surgery. One of the authors raises the possibility that non-neurological "cellular memory" in the donor organ may be responsible.

These days, as Eric Frederick Trump, I have a part-time job as a celebrity doppelgänger, so the strategic defence problem of protecting my identity has become acute. I've got another four years at least of looking

forward to messages from Africa ("God will use your father to restore America and bring peace to the world"), Paris ("Champagne from France for Trump!"), and the USA ("We are doing the 21-day Daniel Prayer for your Dad, your family, our nation, the election...")

### LURID BEGINNINGS

Temporal tides flow around anniversaries as well as through the sick room, as time past and future circulates through the box on the calendar. This December 23 marks the 70th anniversary of the world's first successful long-term organ transplant.

In 1954, American surgeon Joseph Murray, who would win the Nobel Prize for physiology, detoured around the rejection problem by transplanting the kidney of Ronald Herrick into his ailing twin brother Richard. In essence, they shared the same immune system. To establish that they were indeed identical twins, police matched their fingerprints. Richard lived eight more years, marrying his nurse and fathering two children. By 1963, Murray had transplanted 47 kidneys, all between twins.

The history of transplants before 1954 was one of trial and error ending in immune rejection, and occasionally lurid

experiments. In one, Alexis Carrel, a pioneer of transplant surgery and Nobel Prize winner, removed the leg of a black greyhound and attached it to a white one, echoing in the 20th century the legend of Cosmas and Damian, the patron saints of physicians, who, the story goes, transplanted the black leg of an Ethiopian onto the body of a white patient. In the 1950s, Russian scientist Vladimir Demikhov created a two-headed dog.

Another Russian, Serge Voronoff, maintained a colony of primates on the Italian Riviera for a steady supply of testicles, slices of which he would insert into the scrotums of elderly and wealthy gentlemen to allegedly reverse the depredations of age. The American quack John Romulus Brinkley, who bought his medical degree from the Eclectic Medical University of Kansas City for US\$100, kept goats for the same purpose. "A man is as old as his glands," he pronounced. Rumours of the rejuvenating power of gonads spread. In 1923, a *Los Angeles Times* headline screamed: "Youth robbed of glands: attack in Chicago believed perpetrated by rich man's hirelings and surgeon."

### SAMPLE NO 24-556

What turned organ transplants from experimental to widely viable was the wondrous anti-rejection medication, cyclosporine. This blockbuster drug was developed from a soil sample that Swiss biologist Hans Peter Frey collected in 1969 while hiking in Hardangervidda, a national park in Norway.

Jean Borel, a researcher at the Swiss drug company Sandoz (the same company that derived LSD from a fungus), discovered a

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**Giving: Eric Trump with his aunt, Ingeborg Ziegler, before the kidney transplant and, right, a month after the operation.**



chemical in Frey's soil, sample No 24-556, and developed it into cyclosporine, which effectively suppressed the human immune system. By 1978, organ transplantation was ready to go global.

These days, it would be easier to say what can't be transplanted than what can: faces, legs, larynxes, uteruses, penises – all can be recycled. The first hand transplant went to New Zealander Clint Hallam in 1998, but by 2001, feeling estranged from it (what his surgeons called "Frankenstein syndrome") he stopped taking anti-rejection medicines and eventually had it amputated.

We've also turned to animals again, this time with a heart from a gene-edited pig. Some in the transplant field also imagine a day when we won't have to rely on the kindness of strangers or animals. American bioethicist Art Caplan told me, "We'll look back on this era of transplants as barbaric. What we want to do is grow organs from a patient's own cells, not harvest the living and the dead."

### DAILY REMINDER

In that nest of the reborn overlooking the Hudson, most of us were dosed on cyclosporine, ingesting it four times a day. Now, I take a different immunosuppressant twice a day, but the daily reminder of the kidney's guest-worker status will endure.

Every three months, I, in a parody of pregnancy, visit one of my three uncommonly calm and collected nephrologists in

Dunedin to discuss blood test results and the health of my organ, occasionally skirting the subject of how long it's got. Each time I hear the kidney is doing well, I am as relieved as a prospective mother.

Those with transplants may be reborn, but they are not cured. Despite swimming with whales and climbing volcanoes, I have, medically speaking, "chronic renal failure". There's a chance I will outlive my aunt's kidney and need another transplant.

If it is true, as writer Susan Sontag says, that we all hold dual citizenship in the "kingdom of the well" and the "kingdom of the sick", transplant recipients are detained at the border between the two.

But borders can be exciting places, interstitial zones where you are somewhere between citizen and foreigner. I am grateful to be here. Anthropologist Marcel Mauss, who studied gift giving among Māori in his seminal work *The Gift*, says a gift creates relationships through obligation and the expectation of return. Gifts demand counter-gifts.

As many scholars of transplantation have pointed out, it is impossible to adequately reciprocate the gift of a heart, lung or kidney – the "gift of life". Sociologist Renée Fox even writes of the "tyranny of the gift", the "heavy burden and new forms of suffering" that



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recipients of an unrepayable gift endure.

I would argue that gratitude might just be reciprocity enough. When I shake my 26-year-old pillbox and hear the clatter of tablets inside the frosted plastic and know that I will not be denied coverage in New Zealand as I was in the US, I am grateful. When I see the X that the now-pale pink scars from my transplant and nephrectomy form on my right flank, I am grateful. When I touch the slight rise in my abdomen where I bear the kidney from Ingeborg, a reminder that she "re-bore" me, I am grateful. Tante Niere (Auntie Kidney), as we call Ingeborg in German, her first language, is 80 and as healthy as she ever was, glad her-my-our kidney is performing the alchemy of converting blood to urine in the Southern Hemisphere.

When I first learnt I needed a different kidney, my nephrologist at the time told me, "It's time we transplanted you," as though I were to be spirited away to some wild shore of existence, not that someone else's organ was to be put inside me. In retrospect, I suppose he was right. Since that time, however, I've come to believe the transplanted body is not unique to me, or others who live with transplanted organs.

I'll give Arnold van Gennep the last word: "Life itself means to separate and to be reunited, to change form and condition, to die and to be reborn. It is to act and to cease, to wait and rest, and then to begin acting again, but in a different way. And there are always new thresholds to cross." ■

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