

Perspectives of Physician-Authors of the Past Century on the
Practice of Medicine

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Introduction

The study of the history of medicine should concentrate not only on scientific achievements, but also on the development of the art of medicine, as displayed in the doctor-patient relationship and the responses of physicians to the unique demands of their profession. This is best examined through an analysis of the thoughts of physician-writers. This essay discusses, in four separate sections, the works of four physician-authors of the past century: Somerset Maugham, William Carlos Williams, Lewis Thomas, and Samuel Shem. Each section begins with a brief biographical account of the writer, followed by the writer's account of how the unique exposure to human nature afforded by his medical training motivated him to write. Then, the perspectives of these doctors on a variety of topics related to the practice of medicine are discussed. Maugham describes the effects of physical and psychological suffering and impending death on patients. Williams concentrates on the physician's response to suffering and death. Both of these authors describe the effects that various frustrations inherent to medical practice have on physicians. Thomas and Shem focus on the training of physicians and offer advice on how one can develop the art of medicine while maintaining an appreciation of the science of medicine.

Sir William Osler recognized early the privileged vantage point from which doctors view humanity. "The course of our Profession," he wrote, "leadeth us into many truths which pass

undiscerned by others."¹ Somerset Maugham echoed this sentiment when he wrote that only doctors see "human nature taken by surprise,...the mask of custom...torn off rudely, showing...the soul all raw."² The authors to be discussed, as a result of their medical training, offer insights which can be valuable to medical students and experienced physicians alike. In their thoughts, we see how the nature of medical practice has changed over the past century. But more importantly, we realize that many of the concerns of yesterday's physicians are the concerns of today's physicians, and that the observations and advice of each of these authors possess immense value for all who are interested in promoting humanism in medicine.

Somerset Maugham

Somerset Maugham qualified in medicine at St. Thomas' Hospital, London, and worked for over a year in the London slums. He then turned to literature, but he always appreciated the experiences his medical education offered him:

I do not know a better training for a writer than to spend some years in the medical profession. I suppose you can learn a great deal about human nature in a solicitor's office; but on the whole you have to deal with men in full control of themselves....The interests [the solicitor] deals with, besides, are usually material....But the doctor...sees human nature bare.³

Philip, the protagonist of Maugham's semi-autobiographical novel, Of Human Bondage, echoes this sentiment: "The black bag was a passport through wretched alleys and down foul-smelling courts into which a policeman was not ready to venture by himself."⁴

Maugham drew upon his medical experiences to discuss the effects of poverty and society on health and to depict accurately the psychological and physical sufferings of his fictional characters. His first novel, Liza of Lambeth, takes place in the poverty-stricken, cockney-speaking slum of Lambeth. It describes the attempts of Liza, the independent-minded heroine, to escape the drudgery of her life through an affair with a much older married man. The story ends tragically with Liza's death from the hemorrhage which follows her miscarriage. Throughout the novel, Maugham decries the social ills which pervade the community. Alcohol is accepted as a panacea for all kinds of problems: Mrs. Kemp encourages the hung-over Liza, "'Ere, drink this....When one's 'ad a drop too much at night, there's nothin' like havin' a drop more in the mornin' ter put one right."⁵ Physical and emotional abuse of women was another odious practice tolerated, even accepted, by society. Unwilling to intervene as a husband brutally assaults his pregnant wife, a male bystander says: "When a man's givin' 'is wife socks it's best not ter interfere....She'll get over it; an' p'raps she deserves it, for all you know."⁶

In his novel Of Human Bondage, Maugham continues his critique of social evils by attacking the neglect and abuse of unwanted children. The protagonist Philip feels that there exists "a hideous resentment against those poor atoms who had come into the world unwished for." He notices "accidents" occurring and wonders if "perhaps errors of diet [are] not always

just the result of carelessness."⁷ In the same novel, Philip's discovery of the suicide of fellow art student Fanny Price shocks him into sympathy for those who are "oppressed by dire poverty."⁸ Having previously felt only disgust for her tawdry dress and disgusting eating habits, Philip is overcome with anguish at his realization of what she must have endured. He berates himself for not having recognized her situation and come to her aid. Through this subplot, Maugham counsels us to be more aware of the unspoken sufferings and undeclared needs of others, and to compassionately and actively try to understand those who may disgust us.

In his stories, Maugham describes the different ways in which people respond to suffering. In Of Human Bondage, young Philip accepts to a certain degree his headmaster's advice that he "look upon [his clubfoot] as a cross that was given [him] to bear only because [his] shoulders were strong enough, to bear it [as] a sign of God's Favour, [so that it could] be a source of happiness to him instead of misery."⁹ In the short story Sanatorium, the tuberculous Mr. Chester grows to accept finally the nurturing companionship of his wife, whom he had alienated out of resentment for the fact that she would live while he must die. At the end of the tale, he says, "I don't mind dying any more. I don't think death's very important, not so important as love."¹⁰

Other Maugham characters do not accept their ailments or approaching death with as much enlightened confidence. Some

become so wrapped up in their illness that it controls their every thought and action. Ashendon, in Sanatorium, exemplifies this type of response when answering Macleod's question, "What do you do with yourself all day long?" with, "Do? Having T.B. is a whole time job, my boy."¹¹ Maugham was suspicious of those people who say that suffering ennobles. "It is not true," he wrote. "As a general rule it makes man petty, querulous and selfish."¹² Early in Sanatorium, Mrs. Chester, aware of her husband Henry's displaced anger, says: "You see, he resents it so terribly that he's ill and I'm well. He's afraid he's going to die and he hates me because I'm going to live."¹³ The self-pitying Henry has no use for his wife's sympathies, nor for those of his companions. He complains, "What does it matter to her really? Who cares if you're ill? They pretend to care, but they're jolly glad it's you and not them....I've got enough with my own unhappiness without bothering with [their's]."¹⁴

Maugham's descriptions of how people react to illness can guide physicians in their interactions with the sick. Some doctors will appreciate the opportunities afforded by their ministrations both to patients who nobly accept their suffering and those who involute into absorptive self-pity. Others may have problems relating to those who energetically deny the severity of their problems, or whose personalities degenerate as their diseases progress.

Maugham acknowledges that unruly and ungrateful patients, when combined with a community tainted by various social ills,

can spur disillusionment among health care providers. However, through his portrayal of a burned-out, unsympathetic, mechanical nurse in Of Human Bondage, Maugham alerts doctors to maintain their sense of caring:

She had long ceased to look upon the people who came in as human beings; they were drunks, or broken arms, or cut throats. She took the vice and misery and cruelty of [life] as a matter of course; she found nothing to praise or blame in human actions: she accepted. She had a certain grim humour.¹⁵

Dr. Audlin suffers from a similar disillusionment in the short story Lord Mountdrago. Discouraged by the failure of his prescribed treatments, Audlin considers quitting his psychiatry practice:

Dr. Audlin knew that he had achieved some very extraordinary results;...yet at the back of his mind remained the suspicion that he was little more than a quack...He was discouraged, as always, when failure frustrated his conscientious efforts, and repulsion seized him for the theory and practice of this empiric doctrine by which he earned his living.¹⁶

These examples serve as a warning that the unpleasant realities of suffering and death can cause cumulative emotional trauma to health professionals. The results of this trauma may include disillusionment with the power of the healing arts; dwindling respect for, and awareness of, the unique personalities and individual needs of the sick; and a diminution of compassion for patients. At the same time, however, exposure to misery offers physicians unique opportunities for introspection, self awareness, and moral growth. These opportunities, if taken, will lead to the development of mature, empathic, compassionate doctors.

William Carlos Williams

William Carlos Williams was trained in pediatrics and obstetrics, and spent his life practicing among impoverished immigrants in the small community of Paterson, New Jersey. Enthralled by the opportunities medicine provided for discovering the nature of man, he wrote that being a doctor permitted him to observe firsthand:

human beings at all times and under all conditions,... coming to grips with the intimate conditions of their lives, when they were being born, when they were dying, watching them die, watching them get well....For no matter where I might find myself, every sort of individual which it is possible to imagine in some phase of his development, from the highest to the lowest, at some time exhibited himself to me.¹⁷

In his works, Williams recounts many of the frustrations, setbacks, and failures he experienced as a small town physician. He achieves a catharsis through his autobiographical recollections, short stories, and poetry. He describes, sometimes with splenetic vehemence, other times with a sense of futility, his experiences with poverty and other social ills, with non-paying and non-compliant patients, with unethical doctors, and with monolithic and unsympathetic bureaucracies.

The "anarchy of poverty"¹⁸ simultaneously fascinated and appalled Williams. He believed that desperate social conditions contribute to the development of mental, as well as physical, illness. In The Insane, a young pediatrician encounters a nine-year-old boy who grew up with a drunk father who constantly beat his mother; meanwhile, the boy's mother grew to resent her son

because of the attentions his father lavished on him. When his father died, "the only person the boy could look to for continued affection was his mother, who hated him....As a result [of his emotional isolation] the child doesn't eat, has lost weight, doesn't sleep, [has] constipation, [is a] complete failure [in school],"¹⁹ and starts to steal from his mother to compensate for the love she will not give him:

The child substitutes his own solution for the reality which he needs and cannot obtain. Unreality and reality become confused in him. Finally he loses track. He doesn't know one from the other and we call him insane.²⁰

Williams encountered firsthand the problems caused by poverty and was frustrated in his efforts as a healer to ameliorate these problems. In his Autobiography,²¹ Williams describes a mother's attempt to drown her newborn infant in a toilet. He treats the baby for a week and sends it home healthy. The next day, someone finds the infant wrapped in newspaper under a park bench and returns it to the hospital. This baby is just one of an expanding population of unwanted children entering the local hospital's pediatric ward. These children, often in miserable condition, are brought in:

stinking dirty, and I mean stinking. The poor brats are almost dead sometimes, just living skeletons, almost wrapped in rags, their heads caked with dirt, their eyes stuck together with pus, and their legs all excoriated from the dirty diapers no one has had the interest to take off them regularly.²²

Williams blames both the Depression and the childrens' parents, who "get them into the place under all sorts of pretexts," then often ignore and occasionally abandon them:

The parents sometimes don't even come to visit them, afraid we'll grab them and make them take the kids out, I suppose....Even when we do get rid of them, they often come back in a week or so - sometimes in terrible condition, full of impetigo, down in weight - everything we'd done for them to do over again.²³

The futility of ministering to these children engenders in Williams anger and at times a defeatist attitude. He "wonders if medicine isn't all wrong to do anything at all."²⁴ You want to see them pass out, especially when they're deformed or - they're awful sometimes."²⁵ At one point, he orders a nurse, "Give [this sick infant] an enema, maybe it will get well and grow up into a cheap prostitute or something."²⁶ In A Face of Stone, he angrily confronts the parents of a nutritionally-deprived child, barking, "But didn't I tell [you] to feed it regularly."²⁷ A nurse in Jean Beicke shares Williams anger at a deliberately neglectful mother: "'I couldn't speak to her,' [the nurse] said. 'I just couldn't say a word I was so mad. I wanted to slap her.'"²⁸

Williams experiences even more annoyance with a young girl who fights off his determined efforts to get a throat culture for diphtheria in The Use of Force. Despite her parents' orders to cooperate, the child clamps her jaw shut, splintering a tongue blade. Dr. Williams feels he needs the culture in order to save her life and not endanger those around her: "The damned little brat must be protected against her own idiocy. Others must be protected against her." Rage overcomes the doctor:

I...had got beyond reason. I could have torn the child apart in my own fury and enjoyed it. It was a pleasure to attack her. My face was burning with it.²⁹

"In a final unreasoning assault [he] overpowers the child's neck and jaws,"³⁰ forces a spoon into her mouth and down her throat, causing her to gag, and discovers a membranous diphtheritic exudate covering her tonsils. He obtains the culture, but at the price of a symbolic rape of a defenseless patient. These examples show the tragically ironic fact that doctors, who spend so many years learning to care for individuals, may succumb in a moment to frustration and release their anger upon their patients. They serve as advice to physicians that it is their duty to maintain a positive and kind attitude in their interactions with even the most difficult patients.

In his Autobiography, Williams falls victim to another type of stress, that of sleep-deprivation, during his internship at Nursery and Child's Hospital in New York. Admitting, "Some [of my patients] were enough to drive me half-insane,"³¹ he loses his temper one day with a yelling "brat." He examines the boy, and when he cannot find anything wrong with him, slaps a piece of three-inch adhesive over his mouth. The child can still breathe, but Williams "[thinks] better of it after a few moments and [takes] it off again."³² The demands of medicine not only deprive Williams of sleep, they also intrude upon his personal time. "God damn these sons of bitches of patients to hell and make it hot," he wrote in a moment of uncensored exasperation. "Here I just sit down to write a few letters and some fucking bastard of a kid gets a chill and my Olympian moment is shit on."³³

Some experienced physicians, having encountered difficulties similar to those faced by Williams, may understand and even sympathize with his frustrated and sometimes hostile reactions, especially in the modern era when doctors do not enjoy the privileged position and unquestioning respect and gratitude they formerly did. They may accept the notion that "some people's - including some doctors' - creative and destructive impulses are so interdependent that they can cure best when they feel like killing."³⁴ Or, they may decide that William's responses display reaction formation to his own fears of suffering and death, or that they represent the result of his incomplete repression of personal traumatic experiences with childhood illness.

Younger physicians and students may express surprise or even shocked indignation at the apparent callousness and vehemence of some of Williams' responses. However, for the uninitiated, to judge too harshly this doctor's human reactions to frustration would not necessarily be fair. Williams did, after all, relinquish the opportunity of a luxurious Park Avenue practice in Manhattan to devote his entire career to an impoverished community of people he deeply loved and praised in his poetry and fiction, while expecting little in return.³⁵ It is crucial, however, that these novices realize the types of encounters they can expect in their own training and practice. This must be accompanied by an awareness that the schedules of medical students, residents, and especially interns are very demanding. Moments of respite and quiet meditation are interrupted often by

the call to duty. Hard work and long shifts are common, and can lead to sleep-deprivation; the resulting weariness can interfere with a physician's judgement and may affect his responses to demanding patients and difficult situations. By analyzing Williams' fiction and his methods of dealing with various situations, hopefully young doctors-in-training will formulate their own methods for dealing with these types of problems before they arise. Hopefully their methods will be thoughtful and controlled, designed to promote the doctor-patient relationship, and respectful of the Hippocratic tradition to "do no harm."³⁶

Another area about which students might learn from Williams' writings is how to deal with bureaucracies, which are highly prevalent and complex in the twentieth century. Dr. Williams experienced many frustrations in his interactions with unwieldy and unyielding bureaucracies. His confrontations with bureaucrats provide physicians with positive examples of how to deal with unethical situations. In The Paid Nurse³⁷, Williams comes to the aid of a worker incapacitated by severe burns received in an on-the-job accident. His company's doctor and nurse both downplay the severity of his wounds and force him to either continue working or be fired. Enraged by this injustice, Williams calls his senator and threatens to go to the Labor Commission on the man's behalf. The next day at work, the man receives the care and concern due him. Nonetheless, Williams feels dismayed that the company's policy, which denies insurance protection to workers until they have been with the firm one

year, remains in effect. In his Autobiography, Williams tells of resigning his position as Resident-Surgeon at Nursery and Child's Hospital in New York rather than sign a certain registry of admissions and discharges. The registry's figures had been altered by a secretary who was involved with the President of the Board of Governors (the Board of Governors shared responsibility for the financing and operation of the hospital with the state). Williams was warned by his colleagues ("We doctors can't go against the bureaucracy of a system like this"³⁸), but he remained steadfast in his refusal to sign the document, which not only contained unverifiable information, but probably was part of a petty graft scheme involving the secretary and the board president. He left disillusioned and disappointed: "Not a single doctor of the attending staff had stood by me. To hell with all of them I thought."³⁹

Williams recognized that a variety of individuals enter medicine, each possessing different motivations and character traits:

There are good doctors and bad doctors: you can't tell them by their names; thieves, even murderers, with the most respectable names. On the other hand, there are the most painstaking and humane priests of healing....There are financial geniuses...who prey on others of their own kind. But there are also men and women who pain over every dollar they charge the sick for their cure and live virtually poverty-stricken lives of devoted service to mankind.⁴⁰

Williams derided those private pediatricians who inadequately treated children, "cleaning out"⁴¹ their parents and then telling them to move on (usually to the public clinic). He despised those "doctors who...just wanted to keep the price of medicine up

so that they got their divvy."⁴² And he reserved further scorn for physicians who concentrated more on style than on substance. In the poem "Le Medicin Malgre Lui"³⁷, Williams mocks the hypocrisy of doctors whose offices are meticulously arranged on the surface; a suspicion that these doctors are not entirely competent or are more concerned with glamour, rather than healing, underlies his attack. He scorns the physician who, "when he has to pay his rent or his office nurse's salary, would [not] hesitate to take out [unnecessarily] a pair of tonsils if he is offered the opportunity to do so."³⁸ Obviously there are a variety of types of doctors: some dedicated to patients, others to profit; some wise and skillful, others possessing barely adequate knowledge and technical abilities; some kind and compassionate, others cold and callous. Williams dealt with problem doctors at times by writing about them, occasionally by exposing their errors to others, and sometimes by ignoring them. Every physician must decide how to handle his own predicaments based on his personality, experience, and ethics, and in keeping with the ideals to which the medical profession has subscribed since the time of Hippocrates. In Williams' revelations and observations, he can experience vicariously these situations first. Analyzing Williams' writings will allow him to formulate more clearly his feelings and potential responses to problems before he faces them in his own practice. Those physicians who have already experienced difficulties with colleagues and institutional bureaucracies can learn from Williams opinions;

they will find in him a wise and inspirational counselor who knows that medicine is not always, nor for all of its practitioners, a noble profession, but who refuses to compromise his own values when others have abandoned their's.

In the examples discussed thus far, Williams discerns reasons for what happens to him and his patients and for why he reacts as he does. However, he never comes to terms with the end of human life. The deaths which he describes in his stories always confuse him. During the autopsy in Jean Beicke, Williams stares in wonder at the convolutions of Beicke's cerebral cortex and thinks, "It's incredible that [this] complicated mechanism of the brain has come into being just for this. I can never quite get used to an autopsy."³⁹ In the poem "Dead Baby," the house is swept clean for the arrival of the corpse, "a curiosity- / surrounded by fresh flowers."⁴⁰ Yet the poet realizes that this apparent order conceals powerful emotions. These may be held back temporarily by the funerary rituals, but soon they will overwhelm the mourners. Williams was aware of the power of these emotions from personal experience. In the poem "Death"⁴¹, Williams expresses anger towards his dead dog for abandoning him. This exemplifies a common response of physicians to death. Often, they displace their anger at themselves for not having saved the patient onto the dead individual, blaming that person for not having tried hard enough to live.

Despite having witnessed many deaths and having developed various coping mechanisms, Williams cannot face the reality of

his own and his wife's inevitable death without much trepidation. In Danse Pseudomacabre, he awakens terrified that his beloved wife, now lying next to him, could die unexpectedly at any moment and leave him alone:

Christ, Christ! how could I ever bear to be separated from this my boon companion, to be annihilated, to have her annihilated? How can a man live in the face of this daily uncertainty? How can a man not go mad with grief, with apprehension?⁴²

Death is the most stressful and difficult phenomenon that physicians, as all people, must face. Williams' varied responses to death (confusion, anger, terror) merely prove that he is human, as are all health professionals. Physicians, who struggle with death daily, sometimes winning and sometimes losing, should be aware of their humanity and not feel different or guilty because their feelings about death change from day to day and from patient to patient. One can never fully understand death, perhaps the most profound, and certainly the final, mystery of life. By assisting the dying, through mourning, and via the contemplation of one's own death, one can begin to probe this mystery; to delve deeper, one can learn from the insights of a physician-writer like Williams. Williams shows the reader that there are many ways of responding to death; and, more importantly, his experiences teach us that our uncertainties and fears regarding death are neither unique nor unnatural.

Writing about death and about his many clinical experiences was often as therapeutic to Dr. Williams as the newly-discovered antibiotics were to his patients. He once compared the insights

he obtained from his writings - the "descent into myself"⁴³ - with the analytic experience. But Williams did not concentrate in his works merely on physicians in general and himself in particular. He also wrote of the importance of communication in the development of skilled and humane doctors. He sharpened his diagnostic acumen and magnified the power of his stories through his ability to immerse himself in his patients' medical and social problems. "It's important," he once advised, "to listen...to the complaints of your patients...[for] sometimes you're not only being told about your patients but told about yourself."⁴⁴ Reading Williams' works, we are told not only about him and his career, but about ourselves and our own hopes and fears. We are forced to be more sympathetic both to his complaints and the complaints of those around us, and we may realize just a little bit more, how we all share so many similar aspirations and failures.

Lewis Thomas

Lewis Thomas, a physician's son who described the changing nature of medical practice from the turn-of-the-century to the present in his autobiography, The Youngest Science: Notes of a Medicine Watcher, learned while a youngster that medicine was an inexact science. Medicine in his father's day "was subject to recurrent fads in therapy,"⁴⁵ such as bleeding , homeopathy and catharsis. Doctors wrote prescriptions in Latin to heighten the mystery associated with drugs which were usually placebos. A

physician provided reassurance; "it was understood, however, that he could not do much to change the course of most illnesses."⁴⁶

At Harvard Medical School, Thomas learned the art of diagnosis. "The treatment of disease was the most minor part of the curriculum, left out almost altogether."⁴⁷ Thomas comments on the medical students' realization of their powerlessness:

On the wards of the great Boston teaching hospitals...it gradually dawned on us that we didn't know much that was really useful, that we could do nothing to change the course of the great majority of diseases we were so busy analyzing, that medicine, for all its facade as a learned profession, was in real life a profoundly ignorant occupation.⁴⁸

In an essay entitled The Hazards of Science, Thomas expands this humble observation to cover all of modern science:

The only solid piece of scientific truth about which I feel totally confident is that we are profoundly ignorant about nature. Indeed, I regard this as the major discovery of the past hundred years.⁴⁹

Still Thomas feels that "in its way, this is an illuminating piece of news,"⁵⁰ for it challenges mankind to probe deeper the mysteries of the world, to determine how objects animate and inanimate function and malfunction. By accepting his ignorance, a doctor can acknowledge that death is an inevitable and mysterious consequence of life; then, he can cope better with the myriad unknown and complex physiological factors that can render a patient's disease refractory to his most determined efforts at treatment.

Despite his acknowledgement of our ignorance, Thomas expresses awe at those twentieth century scientific advances that have enhanced our understanding of health and disease and

acknowledges that this recently acquired knowledge has saved countless lives and prevented much needless suffering. But he simultaneously expresses concern that the art of medicine is disappearing as science and technology distance physicians from their patients. Today a vast array of sophisticated instruments has made it possible for physicians to perform most of their essential tasks without ever seeing their patients. He states, "Medicine is no longer the laying on of hands, it is more like the reading of signals from machines."⁵¹ Thomas' worries prompt him to remind physicians that "the oldest and most effective act of doctors [is] touching."⁵² He encourages young trainees to reverse this disappointing trend of diminishing doctor-patient contact:

If I were a medical student or an intern, just getting ready to begin, I would be...worried [and]...apprehensive that my real job, caring for sick people, might soon be taken away, leaving me with the quite different occupation of looking after machines. I would be trying to figure out ways to keep this from happening.⁵³

During his workup for anemia of unknown origin, Thomas realizes that "being a patient is hard work,"⁵⁴ that it is humbling and isolating to "have things go catastrophically wrong and [feel] personally mortal."⁵⁵ He praises those caregivers who are not afraid to touch him and talk to him, while castigating those who hide behind laboratory printouts and EKG strips. He believes that "one of the hardest things to learn in medicine, even harder to teach, is what it feels like to be a patient."⁵⁶ Knowledge of and experience in the role of patient would "make for a better practice;"⁵⁷ it would increase a

physician's sensitivity and compassion and lead to an improvement in his relationships with his patients. While a serious illness, complete with a lengthy hospitalization and a barrage of invasive tests, should not be made a mandatory component of the medical curriculum, physicians can still acquire knowledge of the sick role by listening to their patients. They should discuss not merely the patient's symptoms, but his needs, his fears and anxieties, and the ways in which the his illness has disrupted his own life and the lives of those who depend upon him. Healers will thereby acquire a heightened awareness of and appreciation for what their patients are experiencing.

Samuel Shem

Instead of developing the profound intimacies which Thomas declares are still possible in our modern healing rites, the interns in The House of God, by the pseudonymous Samuel Shem, become embittered by a demanding training process which drains them physically, emotionally, and spiritually. They grow to resent their patients and lose the compassion which they possessed prior to the arduous internship experience. They start to subordinate their patients' welfare to their own survival. Their doctor-patient relationships often degenerate from cooperative bonds to antagonistic battles. Nevertheless, medical students and young physicians can learn as much about the art of medicine from Shem's pessimistic tale as from Thomas' optimistic musings.

In the story, intern/narrator Roy Basch's disillusionment with medicine and disgust with power-hungry, money-grubbing physicians increases throughout the first year of his internal medicine training. Tragically, young patients always seem to die, while the "gomers" (usually elderly "human beings who have lost what goes into being human beings"⁵⁸), who want to die, do not. Before the year began, he had loved old people. But he loses his respect and compassion for them as he faces sleep-deprivation, harassment, "little old ladies in no apparent distress," and "interminable, incurable, unplaceable, undying old people."⁵⁹ He bemoans his changing nature, saying, "I used to be different, gentle, even generous, didn't I?"⁶⁰

Dr. Basch believes in therapeutic minimalism, yet comes to realize that this is impossible in an era in which many instructors feel that patients' ailments should be vigorously attacked with the full armamentarium of diagnostic and therapeutic machinery available, that no disorder should go undetected, and that every disease should be fought vigorously, often in spite of the patients wishes. He develops a defeatist attitude and begins to swear by the interns' only somewhat facetious "Laws of the House of God,"⁶¹ two of which are "The only good admission is a dead admission" and "The delivery of medical care is to do as much nothing as possible." The demands of his work reduce Basch's personal life to the performance of necessary bodily functions and the satisfaction of primitive bodily urges. His relationship with his girlfriend Berry

deteriorates. He acknowledges that he has "become an animal, a moss-brained moose who [does] not think and [can] not and [will] not think and talk."⁶² Then, a tormented fellow intern commits suicide, which leaves Basch feeling empty and desolate. Unable to mourn his friend's death, forced into "total denial [and] instant repression,"⁶³ he must carry on with his duties. Basch's decline serves to warn the reader that even the most caring individual can develop a defeatist attitude. Unfortunately, Shem feels that this knowledge still may not be enough to salvage the idealism of today's exhausted interns.

The interns in The House of God employ humor as a defense against the desensitizing and depersonalizing internship process, a mask to conceal their anxieties, fears and uncertainties about their roles in a health care system which operates under a perplexing set of priorities. This humor is usually cathartic for the trainees, but it often becomes cynical as they sense their ineffectiveness as healers.

Fortunately for the desensitized trainees, a physician-patient puts the doctor's role in its proper perspective. Dr. Sanders, who is dying of metastatic cancer, urges the young physicians not to prolong the inevitable, nor to overestimate the power of medical science to heal. He places supreme importance on the love that can grow out of the doctor-patient bond, a love that rejuvenates both the physician and the patient, a love with the power to heal a soul. Before his death, he tells Dr. Basch, "No, we don't cure....And yet, in spite of all our doubt, we can

give something. Not cure, no. What sustains us is when we find a way to be compassionate, to love. And the most loving thing we do is to be with a patient, like you are being with me."⁶⁴ Dr. Basch shares this love, holding Dr. Sanders' hand as he bleeds to death.

Basch also experiences this love in his controversial mercy killing by lethal injection of an elderly leukemia patient who, continuously moaning in severe pain, lying in his own feces, and bleeding to death, pleads with the doctor, "God this is awful...Finish me off, do I have to beg you? Finish me off."⁶⁵ While many readers will object to this instance of active euthanasia, Dr. Basch for once feels that he is acceding to an aged patient's demands rather than fighting the patient's wishes through vigorous treatment to prolong his inevitable, agonizing demise. Unfortunately, aside from these moments, Basch rarely transcends his cynicism and infrequently senses his anesthetized compassion. Ultimately beaten by the system, he decides to take a year off from medicine and to return as a psychiatry resident.

Some older physicians regard The House of God as either an embarrassment, an exaggeration, or a betrayal.⁶⁶ They criticize its language, its sick humor, and "an atrocious attitude toward patients on the part of some house staff."⁶⁷ They fail to recognize that the physicians' use of grotesque humor among themselves serves a protective function, "allowing them to laugh at what - when seen in normal, rather than grotesque, terms - might make [them] quake or cry."⁶⁸ Put succinctly by the poet

William Blake, "Excess of sorrow laughs."⁶⁹ Richard and Enid Rhodes Peschel write: "Doctors' humor - like soldiers' humor - seeks to combat anxieties about the atmosphere of suffering, death, and dying from which they cannot escape....[It is] a defense and a mask. It helps protect [them] from [their] own fear[s] of death - although to those who understand its irony it actually reveals - [their] sympathy for [others]."⁷⁰

While it may occasionally overdramatize the conditions faced by today's trainees in internal medicine, The House of God is still an important and educational book. Most medical students read it before beginning their clinical clerkships. The jargon and rules of The House of God have become a standard part of the language of medicine, often heard in discussions between young colleagues. However, the book has worth beyond, some might say in spite of, its popularity and its use as a dictionary of modern medical slang. It addresses the important issue of how we train physicians in an age in which the art of medicine seems to be losing ground to the science of medicine, at a time when the doctor-patient relationship is undergoing erosion as a result of burgeoning technology and the expanding influence of economic factors on the practice of medicine. Young physicians face intense pressure to learn, yet must spend much time performing chores (such as blood-drawing, finding X-rays, and transporting patients) which teach them nothing.

Today, physician impairment is increasing, and young doctors have substantial rates of alcoholism, drug abuse, cirrhosis of

the liver, divorce and suicide.⁷¹ R.L. Casterline estimated almost ten years ago that the equivalent of seven entire medical school classes was lost annually to medical practice in the United States because of alcoholism, drug addiction, and suicide.⁷² Many doctors become disillusioned with and leave medicine.⁷³ The number of applicants to medical schools has declined over the past few years.

In light of these distressing facts, The House of God forces the medical community and the public to acknowledge that only physically and emotionally healthy physicians can provide not only scientifically sound service, but also the love which is fundamental to good clinical care. Only these doctors will receive the professional and personal satisfaction that comes from sharing with their fellow human beings moments of ecstatic joy and desperate agony - the satisfaction that comes from giving and receiving love. It is these physicians who will mature throughout their careers, gaining wisdom and satisfaction from their profession as they accumulate a variety of experiences, happy and sad, simple and complex. They will not become inured to suffering and death and resentful of the demands of their patients. They will develop instead a deep appreciation of a close and communicative doctor-patient relationship and will derive immense joy and satisfaction from their careers. Most importantly, they will train future generations of sympathetic, happy, and loving healers.

Conclusion

Literature and medicine share a fundamental concern: the human condition. Literature possesses immense value for physicians and physicians-in-training, helping them to "appreciate the beauty and complexity of the multiple levels of human interaction."⁷⁴ Literature by doctors that relates to suffering, death, grief, frustration, and the responses of healers both to these phenomena and to the system within which they must operate can be a powerful educational tool. It can expand physicians' horizons, allowing them to experience vicariously both novel and everyday situations and to learn from the feelings and actions of both the writers themselves and the fictional characters they portray. It can help doctor-readers to understand better their patients' feelings and to probe more intensely their psyches for unspoken fears and concerns. Larry R. Churchill writes:

Suffering, depression, alienation, chronic disease, disability and death are non-technical solution problems - problems of the human condition. They call less for the mastery of quantifiable factors in formal knowledge than for depth of insight, acuity of perception, and skills in communication, namely, the sort of expertise which is traditionally associated with literature.⁷⁵

Doctors respond in both positive and negative ways to the frustrations characteristic of medical practice. Literature by doctors forces physicians to recognize that they may unconsciously blame their patients for their own limitations and unavoidable failures. It provides a medium through which doctors can empathize with other doctors who have faced similar problems

and setbacks. It serves as a focal point for readers' reflections upon their lives as doctors, as mortal human beings, and as members of society. Finally, it encourages us to examine the ethical dilemmas created by medical science and the economics of health care delivery.

These works encourage doctors, whose minds are imbued with science, to appreciate life and art. The humanistic physician M.J. Sole advises his colleagues, "caught up in the burdens imposed by scientific knowledge, we should remind ourselves to stop, on occasion, so that we can look about and appreciate the human drama around us."⁷⁶ By analyzing and discussing literature, physicians will become more empathic, more compassionate, more humane, and more human. Writing can be as important as reading. Obviously, not every student or physician can compose with the philosophical introspection of Maugham, the blunt honesty of Williams, the wisdom of Thomas, or the sarcasm and realism of Shem. However, writing is a useful form of communication among doctors and between doctors and the public; and, it provides the author with a basis for introspective reflection and personal growth. Sandra Bertman writes:

Art communicates with a poignancy that touches but does not wound. Reading of [suffering and death] is sad, yet at the same time soothing -- somehow, even affirming. Art ennobles human experience....The expressive form of literature, as well as all forms of art, is life-enhancing.⁷⁷

M.D. Morris affirms these feelings:

[Literature,] like medicine at its best - [is] a discipline of understanding and vision, which recognizes in mute, inexplicable pain the possibilities of knowledge, healing and beauty.⁷⁸

Guided by the instructive powers of literature, and through their own writings, doctors can adhere more closely to the principal doctrine of the medical profession, as defined by the American Medical Association: "to render service to humanity with full respect for the dignity of man."⁷⁹ Furthermore, they can recognize and endeavour to achieve in their daily ministrations the insightful goal of healers stated by physician-author Richard Selzer: "Out of the resonance between the sick man and the one who tends him there [should] spring...Love."⁸⁰

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