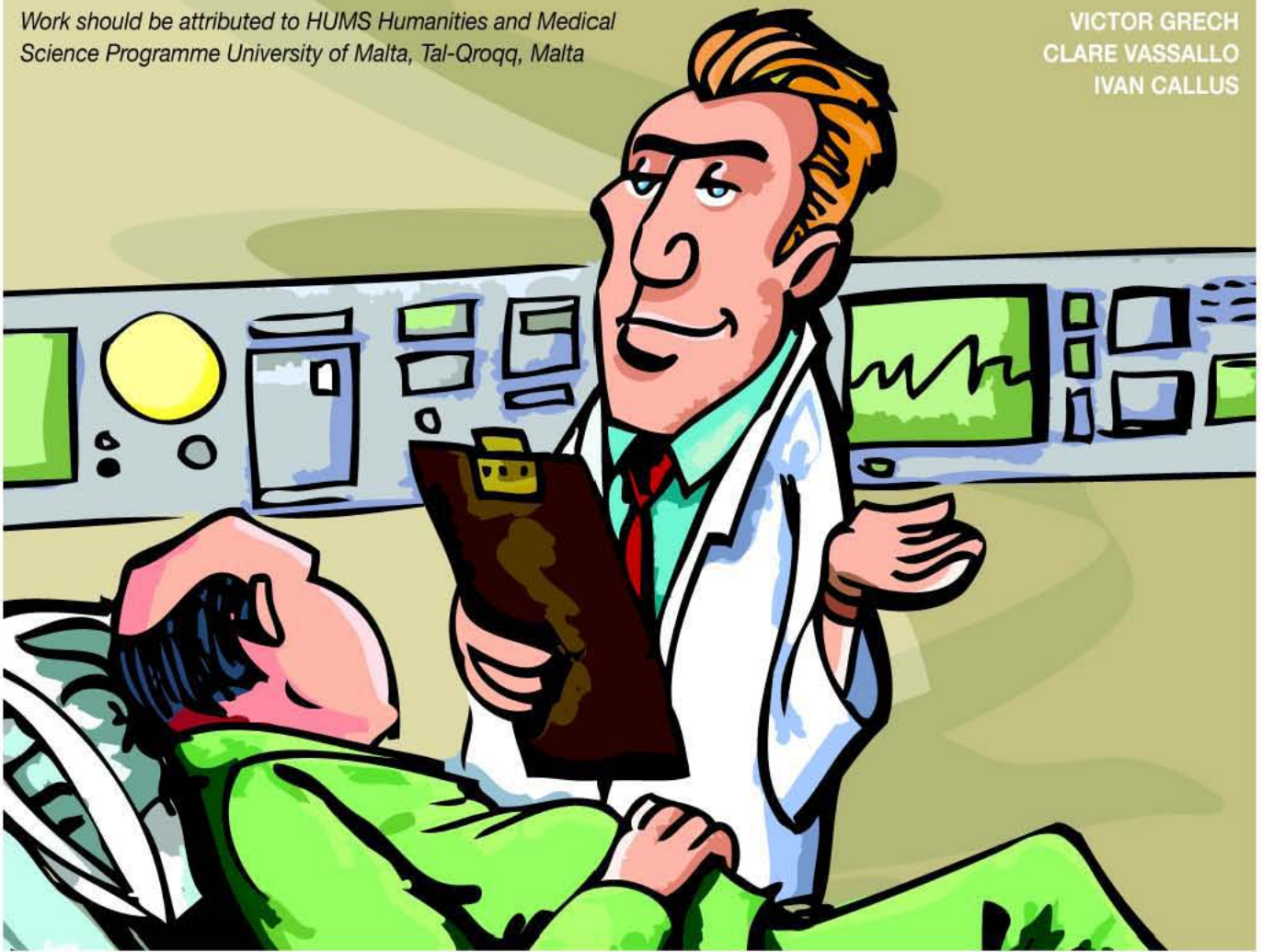


Work should be attributed to HUMS Humanities and Medical Science Programme University of Malta, Tal-Qroqq, Malta

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MEDICINE FOR THE SOUL

relations between Medicine & Humanity

The human condition provides a common ground between medicine and literature as doctors and writers both witness and share in the passion and tragedy of human existence, particularly when death and disease intervene. Both doctors and writers are also inextricably involved in the outcomes of these struggles, hence the attempt to stand back and retain objectivity may not always succeed. Similarly, doctors and writers document the events and milestones that befall individuals, doctors in history taking and writers in life stories. It is therefore not at all surprising that the relationships, contacts and associations between medicine and literature are many, varied, and as old as the Greeks. Indeed, 'Medicine for the Soul' was

inscribed above the door to the library at Thebes in Ancient Egypt (c. 3000 BC). Conversely, Epicurean rhetoric and Greek empiricism were discussed by Hippocrates, the father of medicine. Moreover, medicine itself necessarily invites attention by posing a glaring internal contradiction as embodied in James Bryce's words, medicine is 'the only profession that labours incessantly to destroy the reason for its own existence'.¹

Medicine has indubitably exerted a strong influence on literature with many writers having a sound layman's knowledge of the subject matter or a strong medical interest or contact with doctors, and a non-comprehensive list includes Daniel Defoe, George Eliot, Charles Dickens, Alexander

Solzhenitsyn, Thomas Mann, and Peter Shaffer. The extreme is for the author to actually have had medical training, and such individuals include Thomas Browne, Tobias Smollet, Oliver Goldsmith, Johann Wolfgang von Goethe, John Keats, Arthur Conan Doyle, Anton Chekhov, Oliver Wendell Holmes, Robert Bridges, William Somerset Maugham, William Carlos Williams, Richard Seltzer, Gertrude Stein, Arthur Schnitzler and Oliver Sacks. Such authors inherently have tremendous insight in humdrum, everyday doctor-patient interactions and manage to imbue such events with interest.

The converse may also be true, and doctors who immerse themselves in the humanities may make better

physicians, an assertion that is put forward in Rita Charon's *Narrative Medicine: Honoring the Stories of Illness* (2006).² Charon contends that doctors should appreciate that illness is not just an encounter with a disease but is often also a problem arising out of a particular lifestyle, for instance, the two commonest examples of risky lifestyles are promiscuity and exposure to drugs, both of which have been linked to infertility, as already discussed.³

It is abundantly clear to medical practitioners that in order to make the individual whole, the psychological aspect of the patient is as important as the physical, an approach that was advocated as far back as Hippocrates and Galen, who also realised that a patient's outlook to life often also affects the course and ultimate prognosis of a disease. The value of recognising the effects of mind over body in healing has also long been recognised, for example, in Burton's *Anatomy of Melancholy* (1621), which propounded the theory that knowledge of psychology is one of mankind's greatest needs. Burton believed that melancholy was responsible for exaggerated moods, such as the passion and despair of lovers, the ecstasies of the religious and the frenzies of madmen.⁴ Therefore the questions arise: Should doctors just doctor or should they be involved in research, act as counsellors and philosophers and generally function as a moral force in society? And how then have the institution of medicine and its practitioners been represented in mainstream literature?

Doctors belong to that branch of science that holds human bodies, lives, and deaths in its thrall, and are

therefore highly significant figures in our lives. Fictional interpretations of doctors emphasise this as the medical profession is often portrayed in a dramatic and vivid way, with representations such as Frankenstein's monster reanimated from corpses and charnel waste. It is therefore intriguing to observe that fiction has been unexpectedly disinclined to deal with medical matters, and when it has, it has consistently displayed ambivalence, cynicism and distrust. Doctors and medicine have never been particularly fashionable subjects in mainstream literature, often non-existent in stories, and when they do occasionally appear, are hardly ever depicted as popular or heroic. For that matter, illness itself has also hardly ever been the focus of mainstream literature. A typical example is Virginia Woolf's essay *On Being Ill* (1926) who correctly states that:

*[c]onsidering how common illness is, how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, the undiscovered countries that are then disclosed, what wastes and deserts of the soul [...] it becomes strange indeed that illness has not taken its place with love, battle, and jealousy among the prime themes of literature.*⁵

It is worth pointing out an upsurge of interest in this topic, as evinced by a recent British Council Walberberg Seminar which was themed 'Literature and Health'. However, overall, not only are doctors in mainstream literature rarely ever main protagonists, but they are occasionally also accused of being quacks, or of being unprofessional or behaving unethically. Indeed, they may actually be portrayed as villains, either after transformation as in Stevenson's

The Strange Case of Dr. Jekyll and Mr. Hyde (1886),⁶ or through an actively corrupt and criminal nature such as Ferdinand Bardamu in Céline's *Voyage au bout de la nuit* (Journey to the End of the Night) (1932).⁷ Moreover, several eminent authors have suffered significant morbidity and mortality from conditions that are eminently curable or treatable by today's medical knowledge, with chronic diseases, such as tuberculosis being the prime culprits. One example is Henley's *In Hospital* (1903) which describes his own experiences in hospital after having to have a foot amputated due to tuberculous arthritis.⁸

An excellent review on this topic is provided by Lilian R. Furst in *Between Doctors and Patients: The Changing Balance of Power* (1998),⁹ a study which links popular novels with recent medical history, outlining the way in which medicine has gained credence, and confronting the psychological and philosophical motifs implied therein. Furst pleads for medicine to be more 'collaborative' with patients, joining 'the physician and his patient together in learning, teaching, communicating, and understanding'.⁹ Indeed, our collective knowledge of and faith in modern medicine's powers is reflected at the individual level as although we know, intellectually, that we are not immortal, we still expect medicine and doctors, its acolytes, to somehow provide us with a series of 'endless deferrals'.⁹ Such outlook is repeatedly depicted in mainstream and contemporary texts, such as Roth's *Everyman* (2006),¹⁰ where a protagonist reinforces this aphorism when stating 'there's no remaking reality [...] just take it as it comes. Hold your ground'.



Should doctors just doctor or should they be involved in research, act as counsellors and philosophers and generally function as a moral force in society?

And since, arguably, ‘in nothing do men approach so nearly to the gods as in doing good to men’,¹¹ it is almost as if medicine is somehow perceived as a mystical entity, virtually a god, and doctors, the promulgators of medicine, akin to demigods, the writers of (usually) illegibly mystical prescriptions, and the wielders of a bewildering array of seemingly magical bullets that they utilise to influence the collision between hope and the reality of disease. The disappointment for the individual, whether patient or author, is therefore all the greater when medicine fails to provide a satisfactory cure: no fountain of youth on tap and no elixir of immortality at hand, and even more so when the doctor himself disillusiones the patient, stating ‘I too am mortal’. Individual doctors may therefore be perceived as healers and decision makers, knowledgeable and possessing a special craft or skill in the practice of medicine that is often referred to as an art, but are considered in turn with ambivalence; as being arrogant or compassionate, ignorant or wise, hated or admired. For all of these reasons, medicine and doctors offer an almost infinite range of material to the prospective author.

Why are doctors and medicine so often portrayed negatively in classical texts, such as Dr. Lydgate, for example, in *Middlemarch*?¹² Is it that inherent discrepancy in the fundamental approaches of doctors and authors, the anecdote? Doctors believe that ‘the clinical case report is a foundational text that enables clinicians to depict, reason, and instruct others about a sick person’s medical situation’.¹³ This is the only form of anecdote that doctors are trained to accept, albeit warily, with more credibility given to objective evidence derived from large-scale research studies. Conversely, authors create stories, unavoidable anecdotes. Or could it be that novelists are somehow jealous of doctors and their powers? Could authors be disdainful of doctors or medical practices that occasionally fail? Or are authors resentful of the fact that in sickness, they become hopelessly vulnerable and fall helplessly and relentlessly under the control of the

medical profession? This cannot be the case, at least not for doctors who are themselves writers. The more likely reason is that writers deal in contrast and paradox, in the belief that reality is best depicted through irony, satire and contradiction. The most brilliant works of fiction provide insight into the dark side of the human condition, contrasting it with instances of individual magnanimity and nobility, and this is often afforded through conflict and misunderstanding. However, the most complete understanding of human nature alone is insufficient without the exploitation of a backdrop of true life experience, and medicine is uniquely placed, by dealing with morbidity and mortality, to penetrate the interface and provide such a backdrop. This has also been acknowledged by members of the medical profession who have frequently forsaken, temporarily or even permanently, their scientific responsibilities in order to take up literary roles, sharing their perceptions and insights into health and disease, and one brief example will be given.

Anton Chekhov (1860-1904), the famous Russian author and playwright, was a practising physician who drew abundantly on his medical experience in order to provide the scenery and characters for his fictional material, imposing a dispassionate examination of human nature and of doctors who are a subgroup of humanity and are therefore subject to all of the common manifestations of human failing including ennui, cynicism, politics, greed, frailties, overwork and the consequences of burnout. In his stories, Chekhov however also reveals redeeming medical qualities of dedication, the zealous pursuit of medical knowledge, and perseverance under adverse circumstances while also exploring the issue of professional detachment in both subject and degree.

The medical profession is particularly suited to interdisciplinary ventures, such as writing fiction because of the origins of the discipline. This is because historically, the medical field commenced from a dubious set of barbers and bloodletters, and through the study of anatomy, physiology and the sciences advanced to medicine as

we know it today, eager to embrace new intellectual, technical and technological advances. It is only in the last few decades that doctors have forayed into areas of social concern, including the effects on health on environmental change, pollution, war, famine, pestilence and natural disasters.

In conclusion, the medical profession is fully cognizant of its contributions to the humanities and several colleagues have attempted to showcase medicine’s involvement in literature.¹⁴ Only one example will be given, Thomas Browne (1605-82) whose *Religio Medici* (The Religion of a Doctor) became an instant European best-seller, as it did, from a profession whose members were widely thought to have no religious beliefs.¹⁵ The book is Browne’s spiritual testament and psychological self-portrait, and its unorthodox views instantly relegated it to the *Papal Index Librorum Prohibitorum*.¹⁶ Many have lauded Browne, and Woolf averred that this book paved the way for confessionals, memoirs and personal writings.¹⁷ S

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