

THE DOCTOR IN LITERATURE

Volume 3. Career Choices

Picture

(Doctor and the Doll, Rockwell)

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Cover Design: Doctor and the Doll (Norman Rockwell, 1929). This type of activity attracts some potential recruits to general practice. Picture reproduced by courtesy of ...

Introduction

This book is the third of four volumes in the series *The Doctor in Literature*. Like the first two,^{1,2} it is intended to serve as an indexed, annotated anthology and to bring together a total of some 1500 extracts from approximately 600 works of fiction where medical doctors appear as major or minor characters. The citations in volume 3 relate to the choice of medicine as a career, and the doctor's decision to confine his activities to specific areas. This volume also concerns itself with the perceptions (positive or negative) of different specialties among other members of the profession and among the general public. The question whether such perceptions might play a role in the choice of particular specialties is discussed in Chapters 3 - 6.

Readers of this book and the other volumes in the series are likely to have some familiarity with medical terminology, so that a special glossary explaining anatomical and physiological terms is considered unnecessary. It is assumed that most readers will be familiar with the vocabulary describing the roles of medical staff (especially in hospitals) so that they will be aware of the difference between an "interne" and an "internist." A knowledge of historical and geographical variations in job descriptions is also taken for granted. For instance, in some countries "residents" are still called "registrars." Senior nurses were given the title "Sister" in Great Britain and Australia for most of the twentieth century. A doctor's office is called a "surgery" in British Commonwealth countries to this day. These terminological differences are considered of relatively minor significance, and are commented upon only when they affect the attitudes of the participants in a particular plot.

Throughout this work, extracts from the literature are grouped according to themes rather than individual books. Characters from major medical novels like *Arrowsmith*,³ *The Last Adam*,⁴ *Love in the Time of Cholera*⁵ and *Saturday*⁶ may therefore appear in several places, illustrating various aspects of medical career choices.

As Osler points out,⁷ medical behavior patterns transcend national boundaries and, accordingly, no attempt was made to group the relevant citations in geographical order. On the other hand, in this volume, several issues had to be analyzed within their historical context. Some specialties and subspecialties such as radiology and anesthesiology, which did not exist at all in the nineteenth

century, evolved as “ancillary” services during the twentieth century and, in recent decades, assumed “interventionist” roles (see p. 153). Psychiatry ceased to be part of “Nervous and Mental Disorders” when Charcot and Freud parted company.⁸ It was then equated with psychoanalysis, but, in the late twentieth century, it outgrew this relationship and most psychiatrists now attempt to practice evidence-based medicine.

Similarly, historical changes in disease patterns had to be taken into account in an analysis of fictional descriptions of career choices. Typhoid,^{4,9} pulmonary tuberculosis^{10,11} and pneumococcal pneumonia,^{12,13} which figured prominently in works dating from the nineteenth and early twentieth centuries, were replaced in the second half of the twentieth century by diseases associated with peptic ulcers and their complications.^{14,15} With the disappearance of peptic ulcer patients from hospital wards, the focus has shifted to coronary artery surgery,¹⁶ malignancies,¹⁷ Alzheimer’s disease^{6,18} and other afflictions of old age.¹⁹ Dementia is no longer deemed the result of insobriety or illicit sexual activities. Some of these changes in epidemiology and medical thinking are reflected in the disappearance of particular specialties (like venereology), the evolution of others (oncology, geriatrics, obesity surgery) with new options for career choices in real life and fiction.

Novels portraying doctors as the main characters³⁻⁶ are not treated separately from those in which doctors appear briefly and as ancillary figures. For instance, Fontane’s Dr Rummschüttel²⁰ plays a relatively minor part in the plot of *Effi Briest*, but in a few lines he provides an important insight into one aspect of medical behavior: Competent doctors are not deceived by malingering patients.²¹

Because of the number of works involved, the citations in *The Doctor in Literature* had to be kept brief. For readers in search of lengthy quotations from well-known authors, several conventional anthologies are available,²⁰⁻²⁷ some of them containing excellent selections. When citations in this volume came from works used in the previous two volumes, the editions, as far as possible, were the same as those previously employed. A notable exception was the 404 page edition of Ravin’s *M.D.*,³⁰ which is no longer available and had to be replaced by the 372 page edition.³¹ When the cumulative index is completed, the references to all four volumes of this work will be standardized.

The inclusion and exclusion criteria for this book are similar to those employed in the first two volumes.^{1,2} It was found impossible to restrict the source material to works of solid literary merit, because some topics, such as the behavior of the surgeon in the operating room (see Chapter 3) or contemporary attitudes towards women doctors (see Book 4) are to be found only in popular fiction. Some illustrative passages therefore had to come from books that constitute neither literary nor commercial success stories.

Works not available in English are, with few exceptions, not included. Medical clowns such as those portrayed in Elizabethan plays³² are not discussed. Medical murderers, deliberate inducers of diseases, salespersons of organs for transplantation and other sinister characters such as appear in clinical conspiracy novels,^{33,34} are also omitted from this series, even when the perpetrators have a licence to practice. Indeed, such criminals are frequently exposed as impostors, and not in possession of a medical qualification. “Doctor” Tamkin³⁵ who swindles Tommy Wilhelm out of his last few dollars³⁶ almost certainly holds no doctorate either in medicine or in any other branch of learning. The evil “Dr” Peter Taylor who wants to use his quadriplegic patient to revenge himself on the New York Police Force³⁷ turns out to have acquired his clinical skills as an army medical assistant.³⁸ Peddlers of “alternative” preparations, especially when, like “Doctor” Theodore in *The Spare Room*,³⁹ they prey on terminal cancer patients, are not analyzed. Doctors like Henry Jekyll⁴⁰ and John Watson⁴¹ whose medical qualifications serve as plot devices but do not lead to any recognizable clinical activities, are also excluded. Autobiographical material has generally been avoided though some exceptions were made for pertinent material.^{42, 43}

As in the previous two volumes, some arbitrary decisions had to be made. Filthy abortionists, with or without medical qualification (see Chapter 7) provide help in response to a patient’s request and are included even when their activities are illegal and/or result in disaster. On the other hand, the learned “Doctor” Duban, in the *Arabian Nights*⁴⁴ who grovels in the dust before the king to offer his services, uses an unorthodox method guaranteed to produce an instant cure for the royal malady (leprosy), and then becomes the king’s friend, is too far removed from professional medicine. Like the biblical healer who provides a miracle cure for leprosy,⁴⁵ Duban is not included in this series.

Medical euthanasiasts whose activities are (or were) illegal but whose motives are driven by the desire to "relieve suffering," are explored in detail in this book. Remarkably, although both euthanasia and abortion contravene Hippocratic principles⁴⁶ the abortionist is treated much more harshly than the euthanasiast.

The somewhat nebulous motivations that make young men and women decide on a medical career (or make their parents steer them in that direction) are discussed in detail in Chapter 1. The perceived status of doctors, their earning capacities, the idealistic desire to "help sick people" all enter the equation but do not provide a full explanation for the decision to undertake arduous studies followed by a career that involves, above everything else, hard work. Also discussed in Chapter 1, are characters whose medical ambitions are thwarted by insuperable financial, intellectual or emotional obstacles.

Chapter 2 discusses the general considerations faced by students or young graduates during the process of choosing a career. Do they want to be part of a large organization with its hierarchical structure, or would they prefer an independent existence? Does the need for medical practitioners in certain areas influence geographical choices?

The major specialties (surgery, internal medicine, psychiatry, family practice) are discussed in detail. Surgeons, psychiatrists and researchers, who are clearly distinguishable from other types of doctors, each have a chapter to themselves. There are chapters on abortionists, euthanasiasts and on doctors who leave medicine for politics or try to combine political and medical activities.

As in the two previous volumes, three indices are provided. The bibliography, which is based on authors' names listed in alphabetical order, enables the reader to find what part of a particular work is quoted, where to find the relevant quotation in the original novel, play or short story, and where to look it up in this book. For instance, the reader searching for works by William Faulkner will find that material from *The Wild Palms* is quoted on pages 62, 224 and 237 of this book, and material from *As I Lay Dying* on p. 229. The name index provides a list of fictional physicians, such as Henry James' Dr Austin Sloper, and fictional patients, like Eugene O'Neill's Nina Evans (née Leeds), as well as the name of the novels or plays where these characters are to be found. The name index also

contains place names and names of institutions of higher learning. The subject index contains aphorisms, such as Richard Selzer's "Surgery is the red flower that blooms among the leaves and thorns that are the rest of medicine," diagnoses, such as anorexia nervosa or Rh incompatibility, and multiple other topics of potential interest to browsers.

It is anticipated that this book, like the previous two volumes^{1,2} will serve three functions. It will help readers find fictional scenarios illuminating real life situations. It brings together a number of medical themes some of which have persisted regardless of time and place, while others have undergone profound historical changes. Hopefully medical and lay persons opening this book on any page will find some material of interest to them.

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Chapter 1. Why Medicine?

"Most of us who turn to any subject we love remember some morning or evening hour when we got on a high stool to reach down an untried volume or sat with parted lips listening to a new talker, or for very lack of books began to listen to voices within as the first traceable beginning of our love."¹

"Everybody gets into medicine for the wrong reasons. It seems to come with the territory."²

Most fictional physicians do not reveal "the first traceable beginning"¹ of their medical ambitions or "whatever it was that made [them] be ... doctor[s] in the first place."³ Like biblical figures who mature from newborn infants in one verse to grown men in the next,^{4,5} or characters from classical mythology who are born in a fully developed state,⁶ typical fictional healers, by the time they arrive on the scene, have left their medical education well behind them, and we hear no more about their career choices than about their toilet training.

However, some future doctors are introduced at an undifferentiated stage. They appear as small children, in high school or at least prior to the commencement of their medical studies. These individuals, who include Philip Carey,⁷ Martin Arrowsmith,⁸ Christopher Sorrell,⁹ Parris Mitchell,¹⁰ Lucas Marsh,¹¹ Barney Livingston,¹² and Jonathan Hullah¹³ provide some indications for the perceived motives of medical school entrants and will be examined in some detail in this chapter. There is also a discussion of fictional characters who announce their intention to enter a medical career, but, for a variety of reasons, fail to complete or even to commence their studies.

Family Pressures

A family background in medicine obviously intensifies the pressures applied to young people who are being steered in the direction of a medical career. Multiple novels,¹⁴⁻²³ short stories²⁴⁻²⁶ and plays²⁷⁻³⁰ describe families containing two or more generations of doctors. Scott Fitzgerald's Bill Tulliver "was the fifth in an unbroken series of Dr William Tullivers who had practiced with distinction in the city."²⁵ *Miss Susie Slagle's*¹⁸ begins with Dr. Clayton Abernathy, a general practitioner from West Virginia, and his 21 year old son waiting for the train to Baltimore, where young Clayton will be attending medical school. For Dr Abernathy this is a red letter day. He

declares:

“Son, I’ve looked forward to this ever since I first heard you bawl. To go back to the Hopkins together.”⁵¹

Much the same sentiments are expressed in the home of Dr. Elijah Howe, a prominent faculty member of the Johns Hopkins Medical School.³² Elijah Howe Junior who “lacked two inches of his father’s height and all of his ... intelligence” is about to start first year medicine (at Hopkins*). Mrs. Howe remarks at the breakfast table: “To think we’ve really lived to see this day.” (Both young men graduate but neither of them attains his fathers’ stature.)

The Hippocratic Oath³³ contains a provision that gives the children of doctors a distinct advantage when it comes to studying medicine. Physicians taking the oath swear “to teach [their teacher’s children] this art if they want to learn it”³³ and, to this day, medical members of admission committees tend to be sympathetic towards candidates who wish to enter medical school because one of their parents is a doctor.

Domestic pressures towards medical school range in intensity from subtle to blatant to quite brutal. These pressures are recalled and emphasized when problems develop during the course or subsequently,²⁴ but the vast majority of “pressurees” (fictional or real) remain apparently unscathed by their parental manipulations. In some fictional medical families it is simply assumed that the children (at least the boys) will study medicine^{22,34} and no alternatives are even considered. The aptitude for medicine of the young man or woman is taken for granted, though in the case of young Arthur Doyle³⁵ (whose family connection with medicine consists of his mother’s male medical friend) some perfunctory discussion of the subject takes place. The decision to enroll him in the medical course at Edinburgh University is made on the basis of the argument that Arthur “was responsible and hard-working; in time he would surely acquire the stolidity patients liked to trust.”³⁶

No such considerations are entered into the equation when the future career of young Gilbert is decided. in *The Doctor’s Wife*:³⁷

“John Gilbert, the parish doctor, ... was an elderly man with a young son ... If John Gilbert’s only child had possessed the capacity of a Newton or the aspirations of a Napoleon, the surgeon would nevertheless have shut him up in the surgery to compound aloes and conserve of roses, tincture of rhubarb and essence of peppermint.”³⁸

Richard Gordon³⁹ describes the same syndrome in mid-twentieth century terminology: "Neither my parents nor myself contemplated my earning a living by any ... means [other than the practice of medicine]."⁴⁰ In the Urbino family,³⁴ the firstborn sons are expected to practice medicine and have done so for centuries.⁴¹ Michael Crichton’s Randall dynasty²¹ has produced doctors in the Boston area for several generations.

“Joshua Randall had been a famous brain surgeon early in the century ... After Joshua Randall came Winthrop Randall the thoracic surgeon. J.D. Randall ... was a heart surgeon ... a fierce patriarchal man with thick white hair and a commanding manner. He was the terror of the surgical residents who flocked to him for training, but hated him ... His brother Peter was an internist ... He was very fashionable, very exclusive and supposedly quite good ... The family ... were very wealthy, firmly Episcopal, determinedly public spirited, widely respected and very powerful.”⁴²

The children of some Boston and New York professionals of the 1970’s are "programmed from age six to be doctors."⁴³ In a different country and a different era, Emanuel Hain,⁴⁴ a teenager vaguely considering a career in music, is regularly asked how he will earn a living (and the “correct” answer is not “as a cellist”).

" 'What are you going to be?' Father, Mamma, Uncle Paul and Frau Geheimrat* Schönchen all asked him ... Uncle Paul had given him a microscope for his confirmation day and this turned the scales. 'Why should the boy not be a doctor and take over my practice later on?' "⁴⁵

Emanuel complies with his family’s wishes and abandons his musical aspirations. After a year's service in the German Imperial army and a transient notion to embark on a military career, he enrolls in the Medical School at Heidelberg University⁴⁵ and becomes a prominent surgeon. (Unfortunately, Dr. Hain’s family life is a disaster and his distinguished career is terminated abruptly by the National-Socialist German Government - see Book 2, Chapters 1 and 6).

* See footnote in Volume 2, pp. 21-2.

* See footnote in Volume 2, p. 38

Fritz Rainer, another of Vicky Baum's German medical characters,⁴⁶ has his musical ambitions extinguished by the display of an X-ray film rather than the gift of a microscope. His doctor-father has cancer of the stomach, and the wretched boy is informed that he has to take over the practice as soon as possible.⁴⁷ (He does not stay the course: see Book 2, Chapter 5). Sinuhe the Egyptian,⁴⁸ a physician of the 14th century BC, has barely commenced to attend school when he expresses a desire to enter the army. He soon changes his mind when his physician-father introduces him to a negative role model, a former military hero who has turned into a mutilated drunkard, now living in a filthy, vermin-infested hovel close to the Theban garbage dump. "So I buried my martial dreams and no longer resisted when my father and mother took me next day to school."⁴⁹ (See also pp 16-7.)

Neither Jason Greylock⁵⁰ nor John Buchanan³⁰ is keen to follow in the paternal medical footsteps. Greylock who subsequently develops severe alcoholism (see Book 2, p. 217)

"never wanted to study medicine. I knew I wasn't cut out for it ... but father had made up his mind and in the end he had his way with me."⁵¹

John Buchanan, who vividly recollects the traumatic scene at his mother's deathbed, (see Book 2, p. 20) is bitterly opposed to the idea of "studying to be a doctor" when he first appears. He has no desire "to go in a room and watch people dying."⁵² Like Jason Greylock he gives in to his father and obtains a medical degree, but unlike Jason, he is not destroyed by his drinking habits. Andrew Ragin⁵³ whose medical father forces him to exchange an ecclesiastical for a medical career, functions well as a doctor for a few years but then develops the burnout syndrome at an exceptionally early stage (*see* Book 2, pp. 106 and 185).

Clearly, even well established medical dynasties, like all dynasties, may produce mediocrities. The best young graduates in Augusta Tucker's cohort of Johns Hopkins students,¹⁸ are not the children of medical families but Alexander Ashby, from a Texas ranch, and Isidore Aron the son of an impoverished Jewish tailor. Dr Juvenal Urbino's children⁴¹

"were two undistinguished ends of a line. After fifty years, his son, Marco Aurelio, a doctor like himself and like all the family's firstborn sons in every generation, had done nothing worthy of note - he had not even produced a

child."⁴¹

Similarly, Dr. Henry Andrews II, the son and successor of the founder of Slaughter's great Baltimore Medical Center⁵⁴ compares very unfavorably with his distinguished father. He

"had the aristocratically handsome features bequeathed to him by his father – though little of that great surgeon's understanding and compassion for the people who came to him for help."⁵⁴

The current crown prince of the Randall family is in Medical School at Harvard, but he performs poorly and is in danger of expulsion.⁴² Fortunately for Dr. J.D. Randall, the reigning head of the dynasty and his errant son, "both the medical school and the Memorial Hospital had in the past made allowances for poor grades when it came to the Randalls."

As one might expect, attempts by medical fathers and mothers to make their children emulate them, may turn counter-productive. The unnamed doctor in Hemingway's *Indian Camp*,⁵⁵ takes young "Nick" to watch the birth of a child, presumably to encourage the boy to take an interest in a medical career. He is proud to have his son acting as assistant during the emergency Cesarean operation, which he performs with a hastily sterilized jack-knife and without an anesthetic. The attempted initiation into medicine turns into a catastrophe. When the doctor asks his son: "How do you like being an interne?" Nick said: 'All right.' He was looking away so as not to see what his father was doing." He does not watch his father deliver the placenta or sew up the incision. "His curiosity had been gone for a long time." Even without witnessing the macabre suicide of the baby's "proud father" at the end of the "successful" operation, Nick is likely to develop a profound aversion to medicine as the result of his bloody experience.⁵⁵

Less dramatically, Sallie Wingo, the pediatrician,⁵⁶ has a daughter who finds some of her mother's activities a deterrent to entering the medical profession. "I don't want to go to medical school,' [declares Lucy Wingo.]. 'Do you know that Mama has to put her finger up people's behinds?'"⁵⁷

Hanna Heath Ph.D., an art historian and an expert on forgeries,⁵⁸ dislikes both her mother (Sarah Heath MD) and her mother's trade (neurosurgery). Hanna's aversion to hospitals begins early in

life when, on weekends, her unmarried mother drags her along on rounds and Hanna identifies with the patients rather than the healers.

“I see myself in every bed, in the traction device or unconscious on the gurney, oozing blood into drainage bags, hooked up to urinary catheters. Every face is my own face. ... And Mum wondered why I didn’t want to be a doctor.”⁵⁹

Dr Heath Senior, Chairman of her Department in Sydney, and plenary speaker at an International Neurosurgery Congress in Boston,⁶⁰ never forgives her daughter for her “betrayal.” Instead of entering the “real” career of medicine Hanna becomes an internationally acclaimed expert on medieval manuscripts. The neurosurgeon/mother sneers: “How is your latest tatty little book? Fixed all the dog-eared pages?”⁶⁰

George Eliot goes out of her way to emphasize that Dr. Tertius Lydgate¹ is somewhat of an exception. In his case, there are no doctors in the family. On the contrary, his guardians have their doubts about the compatibility of a medical career with the “family dignity.” Tertius takes no notice of these misgiving. He

“was one of the rarer lads who early get a decided bent and make up their minds that there is something particular in life which they would like to do for its own sake, and not because their fathers did it.”¹

Money

The attraction of medicine as a career clearly has to do with the perception of the doctor’s earning capacity, which holds a prominent place in the popular image of the medical profession. “If I were a doctor,” complains de Maupassant’s disgruntled Latin teacher,⁶¹ “I would sell for a hundred francs what I now sell for a hundred sous.” (See also Book 1, pp. 23-51). Fifteen-year old Adam Silverstone⁶² decides during his grandmother’s final illness

“when Dr. Calabrese’s long black Packard began to be parked in front of the tenement house on Larimer Avenue [Pittsburgh] with increasing regularity ... that some day he would drive a long new car like Dr. Calabrese.”⁶³

Remarkably, this perception, which strongly influences the attitude of parents and potential parents-in-law, plays a relatively minor role in the decision making process of prospective entrants. Indeed, Dr. Peter Harding, a "successful" Edwardian internist¹⁶ argues that financial considerations ought to constitute a positive disincentive to a medical career. Peter's son Horace, a good sportsman with a bright but not a brilliant mind, wants to study medicine. His father advises him by letter that medical practice will provide him with a reasonable but not a princely income:

"While you should undoubtedly be able to pay your way and to make an honest living, yet the financial rewards that medicine has to offer are scarcely worth considering. Given an equal amount of capital both in brain power and pounds sterling, your hours of work, your expenditure of energy, your readiness at the reading of human nature would bring you a far greater return of this world's goods in almost any occupation that you care to name – incomparably so in commerce."⁶⁴

Similarly, when the choice of a medical career is discussed in crude commercial terms in the Adams family,⁶⁵ it is also rejected on the basis of mercenary considerations. Eugene Adams is urged by his father, a Jewish real estate broker and property developer, to study medicine. Father Adams argues that the hideous seven-story apartment block, which he has built in a strategic location, will be an ideal site for Eugene's future office.⁶⁶ The young man refutes his father's line of reasoning with equally vulgar financial arguments: "I haven't the least intention of studying medicine ... This town is already overcrowded with Jewish doctors." (Eugene becomes a successful publisher.)

Guibert's Dr. Nacier,⁶⁷ a male model and overt homosexual who "had tried unsuccessfully to become an actor" reluctantly embarks on a medical career, hoping for some monetary rewards.⁶⁸ He graduates and becomes an internist but his financial expectations are sadly disappointed. Nacier finds a fee of "eighty-five francs a visit," totally inadequate, and exchanges the career of a physician for that of an entrepreneur⁶⁸ (*see also* Chapter 8, p. 267).

When Charles March⁶⁹ abandons the legal profession in order to study medicine, he mentions various financial aspects but he certainly does not assume that his career change will make him rich (*see* p. 28). The future Dr. March, who comes from a family of bankers and share brokers, is

married to a Communist⁷⁰ who looks forward to the “Dictatorship of the Proletariat,” and the elimination of “parasites” (such as bankers and share brokers). When he makes his decision in England in the 1930's, March argues that after the revolution his family members will have to abandon their traditional way of life, whereas a doctor will have some income under any political system. "It's not exactly likely we shall be able to live on investments all our lives ... There's more security as a doctor than as anything else I could take up. Whatever happens to the world, it's rather unlikely that a doctor will starve."⁷⁰ March's reasoning, while somewhat outlandish, emphasizes that the doctor's income, if taken into account at all, is considered attractive on account of its security rather than its magnitude.

Status and Power.

Writers of the 19th and 20th centuries generally take it for granted that possessors of medical qualifications are automatically held in higher esteem than other professionals. This was not always the case. While some medieval and early modern doctors are described in terms of approbation,* many come across as incompetent buffoons, who neither command nor deserve any respect. Jonson's Dr. Almanac,⁷² who fancies himself as an expert on diseases of the anus, is informed (in public) by a disgruntled patient: “They were wholesome piles until you meddled with them.”⁷² Such a character hardly serves as a role model that would make a seventeenth century shopkeeper persuade his son to enter a medical career. Lecherous medical clowns are still to be found in Rowlandson's cartoons in the early nineteenth century,⁷³ but then, within a few decades, these indecent types are replaced by thoroughly respectable and respected professionals, who stand head and shoulders “above the common herd.”⁷⁴ Despite Martin Amis' misgivings,** “My Son the Doctor”^{76, 77} now constitutes a source of pride to the older members of his family, (especially his immigrant family) even when he is engaged in unglamorous pursuits.⁷⁸

The consideration of status occasionally comes to the surface when career choices are being

* For instance, John Arderne⁷¹ in addition to charging outrageous fees, recommends a variety of behaviour patterns designed to maintain or enhance the status of doctors.

** Amis⁷⁵ expresses mock surprise at parents' pride in their medical children. “Why the pride in these doctor children (why not shame, why not incredulous dread?); intimates of bacilli and trichinae, of trauma and mortification, with their disgusting vocabulary and their disgusting furniture ... They are life's gatekeepers. Why would anyone want to be that?”⁷⁵

discussed. Benjamin Mead, the precocious surgeon at Miss Slagle's boarding house¹⁸ (see Chapter 3, p. 73) has acquired sufficient insight in his second year at Johns Hopkins Medical School, to realize he will make no original contributions to surgery or any other branch of medicine. He is after a comfortable life and the respect of his fellow-citizens.

“What I want is a wife, babies and a dog, to go fishing on Wednesday afternoons, live in a town of thirty thousand people and *matter*”(Author's Italics).⁷⁹

Dr. Macklin Riley, the inadequate oncologist in Cheever's “Parkinson's Cancer Center”⁸⁰ (see also Chapter 5, p. 127) is attracted to medicine on account of a vague perception of money, status and altruism: “I always knew I wanted to be a doctor ... [Medicine] combined a position of respect and financial independence and being able to help people.”⁸¹

Dooling's hero, Dr Peter Werner Ernst⁸² a late starter in medicine (see also p. 26) changes careers somewhat cynically in order to acquire additional standing in the community.⁸³ Dr. Soutar, in Douglas' trilogy,⁸⁴ another late starter, finds that male medical students are more popular with nubile young women than students from other faculties⁸⁵ (see also pp. 26-7). Bahia Shaheen,⁸⁶ the daughter of a minor Egyptian public servant goes to medical school because of her father's fascination with the status of doctors. Father Shaheen works in the Department of Health and many of his superiors presumably have medical degrees (see Book 2 Chapter 5). (Bahia drops out early during the course.⁸⁴)

While detractors of the medical profession habitually indicate that the exalted status of its members is quite unwarranted,^{75,87} virtually no fictional author seems to ask why the letters “MD” after someone's name should be more effective status-enhancers than “PhD.” The disparity between the two degrees is of sufficient magnitude for Dr. Samuel Brill, an outrageously arrogant surgeon,⁸⁸ (see also Chapter 3, p. 62 and Chapter 4, p.116) to express the view that PhD's had “no right to call themselves doctors.”⁸⁹ How did this anomalous situation come about in the first place?

One of the few authors to try and answer this question is Mika Waltari⁴⁸ who attributes the status

of doctors to their perceived power. Waltari's hero, the future "Doctor" Sinuhe who has previously been persuaded not to embark on an army career (see p. 11) now has to go through an emotional initiation rite conducted by his father, a "general practitioner" in a poor quarter of Thebes.⁴⁹

"My father, laying his hand upon my head, asked, 'Sinuhe my son will you be a physician like me?' Tears came into my eyes and my throat tightened till I could not speak, but I nodded in answer ... 'Sinuhe my son.' he went on, 'will you be a physician more skilled than I - lord of life and death and one to whom all, be they high or low, may entrust their lives?' "⁴⁹

Also present at this little ceremony is Ptahor, a "specialist," who holds a high position at court. Ptahor points out, that physicians, fully clothed, are able to order their patients to undress. Moreover, he calls attention to the doctor's supposedly egalitarian approach towards rich and poor, which provides him with a degree of independence from any hierarchical system. A real physician, says Ptahor,

" 'is the mightiest of all. Before him, Pharaoh himself stands naked and the richest is to him one with the beggar.' 'I would like to be a real physician,' I said shyly, for I was still a boy and knew nothing of life, nor that age ever seeks to lay its own dreams, its own disappointments, on the shoulders of youth. "⁴⁹

The power structure involving the fully clothed doctor examining a naked patient is also mentioned by one of Segal's pre-med students who inserts a lewd variation. "Imagine the power of being able to say to a woman: 'Take off your clothes and show me your tits.' "⁹⁰ *

A more important element in the power structure governing the relationship between doctors and patients, involves the perception of sick persons that doctors (and only doctors) can help in the healing process. Minnegerode Ott, a fourth year medical student in Miss Slagle's boarding house,⁹¹ when questioned "a trifle deferentially" about his motives for choosing a medical career, gives a crass but succinct answer – he is after power rather than money.

'Tell us ... [asks one of the junior students] why did you go into medicine? 'Cause you wanted to make money?' ...

* This kind of lecherous remark is liable to be made by non-medical individuals discussing medical activities. "Proper" doctors are trained neither to talk nor think along such lines (see Book 4).

'Because my grandfather was a minister and spent his life begging parishes. My father was a lawyer and spent his life begging a jury. I had to do something professional but I preferred to have people begging me. That's why.'⁹¹

The Mysterious Element

Another rarely acknowledged motive for the choice of medicine as a career comprises the seemingly mysterious nature of clinical practice. The perceived secrecy of the profession's terminology, its instruments and its procedures, symbolized by the black bag, intrigues children and a good many adults. In some individuals the mystique of this exclusive fraternity arouses sufficient curiosity, to make them want to join it.

For instance, when, during a major crisis in his life, Dr Jeffrey Taylor⁹² ponders over the reason that made him study medicine, he tells himself that it had been "the knowledge that you can really make things better for someone, give them back a life"⁹³ (see also Chapter 5, p. 159, Chapter 8, p. 267). However, consciously or subconsciously, Taylor immediately equates this aim with unattainable, mythological ambitions: "The Seven Cities of Cibola, the Philosopher's Stone and the Lost Continent of Atlantis."⁹³

Similarly, Dr Charles Peruzzi, Colin Wilson's *Personality Surgeon*⁹⁴ who starts his career in pediatrics at the age of twelve, sees himself as a great healer, surrounded by adoring patients. However, in the background, lurks the mysterious element. Charles watches, unnoticed, as Dr Grimshaw performs an emergency tracheotomy on his baby brother who has inhaled the glass eye of a rubber dog.⁹⁵

"Doctor Grimshaw became Charlie's hero. In imagination Charlie could see him enter bedrooms where patients moaned or tried to catch their breath, taking their pulse and temperature, administering pills or medicine from his *mysterious* (my Italics) black bag and instantly relieving their sufferings. These fantasies, in turn, became day dreams in which he himself was conducted into the sick room of Lilian Pike - the prettiest girl in the school - or Mrs Jevons an attractive blonde who ran the sweet shop, and in which a single teaspoonful of medicine administered by himself produced an immediate cure and expressions of gratitude from delighted parents and relatives."⁹⁵

Sinclair Lewis provides the most lucid descriptions of the semi-secret nature of the medical profession and the magnetic attraction of this secrecy for those outside the fraternity. Martin Arrowsmith,⁸ Lewis' medical hero, is well past the Good Samaritan stage by the age of fourteen.

Martin, who has attached himself to “Doc Vickerson” as unofficial and unpaid assistant, gains the respect of his peers by using the doctor’s powers to see and touch what is mysterious and forbidden to others.⁹⁶

"It is not certain that in attaching himself to Doc Vickerson, Martin was entirely and edifyingly controlled by a desire to become a Great Healer... [H]e was not completely free from an ambition to command such glory among [his gang] as was enjoyed by the son of the Episcopalian minister who could smoke an entire cigar without becoming sick ... On evenings when the Doc was away Martin would acquire prestige among the trembling gang by leading them into the unutterable darkness [of Doc Vickerson's office] and scratching a sulfur match on the skeleton's jaw."⁹⁶

The mysteries continue in medical school. On his first day, Martin feels vastly superior to his non-medical fellow students.

As a medic he was more picturesque than other students, for medics are reputed to know secrets, horrors, exhilarating wickednesses. Men from other departments go into their rooms to peer into their books.⁹⁷

A few doctors retain and are disturbed by the notion that they are revealing “secret things,”⁹⁸ which ought to remain hidden. Kundera’s “Tomas”⁹⁹ feels uncomfortable with his surgical activities which involve slicing into people “and looking at what lies hidden inside.” (See also Chapter 3, p. 92) Dr. David Henry,¹⁰⁰ as a young boy, catches a glimpse of the mystery of medicine in a shoe store where an X ray machine shows “hidden structures” inside his foot¹⁰¹ (see also Chapter 5, p. 144). David subsequently trains as an orthopedic surgeon, and performs standard orthopedic procedures¹⁰² but he never overcomes his sense of mystery (“bones that never see the light”¹⁰³).

Dreams of Innocence.

The “healing” and “caring” aspects of medicine are generally implied rather than articulated, except in the case of children or heroes of medical romances, who enter a medical career because they want “to help people” and earn their patients’ gratitude. Virgil’s “Doctor” Iapix¹⁰⁴ who is befriended by Apollo and offered careers in music or the military, declines these opportunities in favor of the unglamorous healing arts, because he wants to save his dying father. As in the case of Iapix the desire “to help people” may stem from a defining event such as sickness or a death in

the family. Alternatively, young people wanting to become doctors, develop this worthy objective after the discovery of a book (see p. 24) or a movie. Whether such episodes actually determine the child's future career, or are simply given retrospective significance, is left to the imagination of the reader.

A few children receive quite unrealistic and almost religious "calls."^{105, 106} Some are so precocious that at a tender age they decide not only on a medical vocation, but also on a specialty. Dr. Paul Scott, the hero of *Sword and Scalpel*,¹⁰⁷ "an orphan from a West Virginia slag heap," becomes aware of "a special skill in his fingers"¹⁰⁸ during his boyhood and promptly starts setting aside some of his meager earnings to finance his medical education. Dr. Tucker Fairbairn¹⁰⁹ makes his career decision at the age of ten. "Ever since, he had been and was a surgeon."¹¹⁰

Benjamin Mead⁹⁵ sets a record – he starts at the age of five:

"When my little brother cut his head when he was three and I was five, I wanted to sew it up before the doctor came, and when he came and I held the wound closed while he was taking the stitches, it was all I could do to keep from snatching the needle out of his hand and doing it myself."⁹⁵

Alexander Ashby, another Hopkins medical student at the Slagle boarding house¹¹¹ makes up his mind to be a doctor at the age of sixteen.

"He and his father had stood by – a hundred miles from a doctor – and watched his mother choke to death with diphtheria. That night decided him to be a doctor. He never wanted to be so helpless again."¹¹¹

Lucas Marsh, the principal character in Thompson's *Not as a Stranger*,¹¹ who also decides on a medical career early in life, makes his choice while accompanying the local family doctor on house calls.¹¹² Marsh to whom medicine subsequently becomes "a shrine,"^{113, 114} is evidently magnetized by the doctor's bag and the smell of ether and iodine in much the same way as an altar server is drawn towards the priesthood, or the Mozart children are attracted to their father's musical instruments.¹¹⁵

Beneatha Younger, Hansberry's would-be medical student¹¹⁶ has more tangible grounds for

developing an interest in medicine at an early age. Her friend Rufus, who comes down too fast on a sled

“hit the sidewalk and we saw his face ... split open right there in front of us ... And I remember standing there looking at his bloody open face thinking that was the end of Rufus. But the ambulance came and they took him to the hospital and they fixed the broken bones and they sewed it all up ... and the next time I saw Rufus he just had a little line down the middle of his face. I never got over ... what one person could do for another, fix him up – sew up the problem, make him all right again. That was the most wonderful thing in the world ... I wanted to do that.”¹¹⁷

Jonathan Hullah¹³ develops an interest in a medical career after recovering from a bout of scarlet fever “treated” by a Native American herbalist woman, and an alcoholic “regular” doctor.¹¹⁸

These early influences are evidently taken on board by Jonathan and remain with him when he becomes Dr. Hullah, the internist, whose treatment methods comprise both “mainstream” and “alternative” modalities.¹¹⁹

In the case of the historical Karl Rokitansky¹²⁰, the crucial event is an accident involving an animal. “I ... was so moved by pity for an injured horse ... that I said to myself in that moment – I will one day be a doctor.”¹²¹

Some early career choices are quite fanciful. One of Patricia Cornwell's murder victims, Dr. Lori Peterson,¹²² decides to become a plastic surgeon at the age of ten.

"Her mother got breast cancer, underwent two radical mastectomies. She survived but her self-esteem was destroyed. I think she felt deformed, worthless, untouchable. Lori talked about it sometimes. I think she wanted to help people ... who have been through things like that."¹²³

Dr. Yukio Sato in *The Interns*¹²⁴ is even more precocious. He literally becomes involved in obstetrics at the age of ten when he and a crippled woman have to deliver a baby without any assistance.

"The child had been born alive and ... the little boy had stood in the center of the room and ... cried - cried with such intense happiness he thought he would never cease crying. And then the old woman had laughed at him and complimented him and laughed more and told him more things to do ... The boy had gotten himself to America for medical school and internship and residency [and] had experienced that intense happiness ... several hundred times since.... The desire to cry had never been stilled... except that the doctor was now able to control his feelings."¹²⁵

In less fortunate circumstances, Rae Duprey¹²⁶ receives her “call” to obstetrics at the age of thirteen. At the funeral of her mother, who bleeds to death after delivering a stillborn child, Rae decides that she will devote her life to the prevention of stillbirths. She goes on to “methodically and meticulously ... pursue her ... ambition.”¹²⁷

Vicky Baum's Ruth Anderson,⁴⁴ fantasizes about a different specialty but her motives are similar to those of other child-doctors. Ruth has her university, her course and her career mapped out while still at school.¹²⁸

"She wanted to ... study at Columbia University ... She wanted to be a children's doctor and make little babies well. She would hold the little feverish hands in hers, feel their pulses ... unerringly diagnose what they suffered from and make them well again." ¹²⁸ (For a number of reasons, mainly financial, Ruth's ambitions are not achieved.)

Christopher Grant's career in neonatology¹³¹ and his “concern for those children who confronted danger in their earliest hours of life ... had its roots in events that took place when he was only four years old," when his pregnant mother went off to hospital in an ambulance and came home without a baby.¹³²

He dared to ask, 'Mama, are you crying for the baby?' She didn't answer. 'Did it die?' Again she didn't answer only held him tighter. 'Why Mama? Why did it die? ... Will I die too?' 'Oh, no no!' she said lifting him into her lap. 'It died because it couldn't breathe.' 'Couldn't breathe?' Chris asked puzzled. Everybody breathed. 'Babies before their time, their lungs are too small ... and they just can't breathe. So they die.' 'Where do they go when they die?' he asked. 'To heaven. Little babies are always clean and innocent. They all go to heaven.' 'Will I go to heaven when I die?' Chris had asked. She pressed him closer. 'You won't die,' she protested rocking him till he fell asleep. ...The events that began that terrible day could well have motivated him to elect the field of pediatrics and the sub-specialty of neonatology so that tiny infants, born defective or stricken in their early hours would have a chance. So that mothers would not have to sit alone in the dark and weep for what could not be properly mourned or retrieved."¹³²

Another Christopher,¹³³ (Dr. Christopher Masters) makes his decision at the age of seventeen after his sister contracts poliomyelitis. His youthful enthusiasm has not yet been extinguished and he looks forward to a career as a healer of the sick and a benefactor of mankind. Masters announces that he will become a famous doctor." 'I'm going to find out how to cure polio.' "¹³⁴

Parris Mitchell the orphaned,¹³⁵ multi-lingual¹³⁶ wunderkind from *King's Row*¹⁰ who is sent to Vienna to study medicine makes an almost unique decision while still at school: He is going to be “a doctor for crazy people”¹³⁷ (see also Chapter 4, p. 107). Initially, the idea strikes him as somewhat unglamorous. He dislikes the smells at the asylum and he would “rather drive two fiery bay horses like Dr. Gordon and go around saving people’s lives” than looking after mad folks. However, he comes in contact with two likeable, mentally handicapped young persons, both of them tormented by their contemporaries,^{138, 139} and decides he would like to help such unfortunate people.

Howells’ Dr. Grace Breen, an early fictional woman doctor,¹⁴⁰ is not a child but an adult who has not yet given up her “childish ways.”¹⁴¹ Grace decides to study medicine, “with the intention of giving her life to it in the spirit in which other women enter convents or go out to heathen lands.”¹⁴² Despite her idealistic attitude (or, more likely, because of it) Grace does not turn into a successful doctor. She is emotionally incapable of dealing with emergencies and when her tuberculous patient-friend has a hemoptysis, she has to call in Dr. Rufus Mulbridge. Mulbridge, the competent physician who takes over from Grace, “had not chosen his profession from any theory or motive but had been as much chosen by it as if he had been born a physician.”¹⁴³ While the mechanism of Dr. Mulbridge’s career choice remains undisclosed, his lack of a heavenly call does not prove a disadvantage to him in his practice of medicine.

True Altruism

Rarely, religious individuals see a medical career as a way of doing the Lord's work. Cronin's David Law,¹⁴⁴ lay preacher and prominent member of the Sect of Brethren, is overjoyed when his daughter enters medical school.

"To heal the sick, restore the maimed, cause the lame to walk, what could be more meritorious? It was a proud and happy moment for me when my daughter decided to dedicate herself to that great and splendid work."¹⁴⁵

Role Models. Books

Children, adolescents and even adults from non-medical families may decide to become doctors

after encounters with real or fictional physicians whom they admire or whose life-styles they would like to emulate. William Ryan, the medical hero in Ravin's *M.D.*¹⁴⁶

"had decided to become a doctor in high school when he broke his leg and was confined to bed, with a copy of *Not As A Stranger*¹¹ and with daytime TV from which he learned doctors lead the most romantic lives."¹⁴⁷

Dr. Kate Hunter, a black woman-doctor in *Nothing Lasts Forever*,¹⁴⁸ also decides to become a doctor after reading a medical novel.¹⁴⁹ In her case, the relevant work is *Arrowsmith*.⁸ George Eliot's Dr. Tertius Lydgate¹ makes his decision to study medicine in the face of somewhat negative family pressures, not after reading a novel, but after looking at the anatomy section in an old "Cyclopaedia"¹ that he happens to pick up, on a wet day, during a vacation, at the age of ten.

"The first passage that drew his eyes was on the valves of the heart. He was not much acquainted with valves of any sort but he knew that valvae were folding doors and through this crevice came a sudden light startling him with his first vivid notion of finely adjusted mechanisms in the human frame ... From that hour Lydgate felt the growth of an intellectual passion."¹

Two Harvard medical students in Segal's *Doctors*¹² (Barney Livingston and Bennett Landsmann) have a rare discussion about what motivated them to choose medicine as a career.¹⁵⁰ Both claim they were influenced by positive and negative role models though neither of them sounds very convincing. Livingston's history is fairly straightforward. During his childhood, he comes to admire his next-door neighbor, a conscientious and hard working immigrant physician who has found it difficult to obtain a license to practice. His negative role model is a properly licensed doctor who refuses an emergency summons to attend his dying father. Livingston decides to become a doctor so as "to show up the lousy guys like him."¹⁵¹ Bennett, a black man who has been brought up by Jews, does not like talking about his background.

"Barney risked a question. 'Ben, you've never really told me what made you go into medicine. ... You once said your dad was a shoemaker. Was it a kind of dream of your folks that you go into a profession?' 'No,' Bennett answered, 'they didn't push me in any direction. I just decided to go into something that might make the world a better place.' 'Come on, Landsmann. I'm not interviewing you for admission. ... Can't you come up with a more plausible reason?' [Landsmann then reveals that what he says is the "true reason" for his choice of a career.] 'A

young doctor, actually he was only a medical student, saved my mother's life.' “150

Martin Farrell,¹⁵² the future researcher (see Chapter 6, p. 206) does not “give a damn” about his career.¹⁵³ The year is 1938 and all he can think of is fighting the Fascists. However, his one attempt to enlist with the Spanish government forces is unsuccessful, the trustees of his father's estate are prodding him to make up his mind, and as his friend Peter Mayne (the son of a general practitioner) is going to medical school, Martin decides to follow.¹⁵³

Late Starters

Fictional physicians, who decide on a medical career as adults, display attitudes ranging from totally cynical to totally naïve. Some have become disgruntled or disillusioned with their current life styles, and consider that an alternative occupation may provide them with the satisfaction that has previously been lacking. Others, with more positive attitudes, are looking, somewhat belatedly, for an interesting and useful career. Rarely, medicine is regarded as a means towards some other end.

The motivation of Lucian's fictional physician¹⁵⁴ is unclear. When he notes signs of incipient insanity in his father and decides that some day he will “need a knowledge of medicine,” he does not explain whether study “with the most famous physicians in foreign parts”¹⁵⁵ will provide him with sufficient skill to earn a living, to treat his father, or to be able to argue that one or the other of his parents is hopelessly insane and lacks testamentary capacity. As it turns out, he does all three. He cures his father but determines that his stepmother (who detests all physicians) is mad and beyond medical help.

Lemuel Gulliver¹⁵⁶ one of the best-known fictional doctors of all time, is quite candid about his intentions. “I studied [medicine] ... knowing it would be useful in long voyages.”¹⁵⁷ Gulliver subsequently gives up his medical career to become an incompetent ship's captain and in the end develops a profound dislike of the entire *Homo sapiens* species, particularly its sick members.¹⁵⁸ (see also Book 2, p. 190).

Somerset Maugham's Philip Carey⁷ commences his medical studies after trying his hand first at

accountancy and then at painting. He abandons his first career because he detests the work, and the second after his instructor informs him that his artistic work “will never be anything but mediocre.”¹⁵⁹ His little legacy is gradually dwindling away, and he now has to think about earning a living. His late father had been a doctor. Would he fit into that profession?

“He had thought of doctoring, among other things, chiefly because it was an occupation which seemed to give a good deal of personal freedom, and his experience of life in an office had made him determine never to have more to do with one.”¹⁶⁰

Philip enters medical school and graduates (after a good many vicissitudes) but he lacks the determination and the scholastic ability to become a distinguished physician.

Dr Peter Werner Ernst⁸² (see also p. 16) initially does not even consider a medical career but is compelled by considerations of status, to change his mind. At the University, he has acquired a taste for reading and as he is not particularly interested in money his menial job provides sufficient income for his basic needs. After receiving his B.A. (majoring in linguistics with “a lot of loose science courses lying around”) he is well on the way towards turning into an obscure Renaissance scholar.

“But significant others in Werner’s life had significant, other plans. Beautiful women, parents, even his best friend, tell Werner to get not a job but a good job ... Werner’s parents are quick to make helpful career suggestions. How about law or medicine ... professions anyone would be proud to wear around?”⁸³

The doctor/ lawyer choice is presented to Werner so persistently that in the end he capitulates and “selected medicine from the vocational horn of plenty ... After all, he reasoned, it was a profession for which one was paid well to help relieve the suffering of others.” Ernst graduates from medical school at the top of his class¹⁶¹ but by the time we meet him, taking care of desperately sick patients, he has become disillusioned with medicine in general and his own role in particular⁸² (see Book 1, page 210).

Dr. Soutar, one of Colin Douglas’ interns at the Edinburgh “Institute,”⁸⁴ also uses the “beautiful women” rationale to explain his relatively late choice of a medical career. Soutar, who transfers to medicine from social anthropology, expresses himself clearly and crudely. “How many birds do

you think you'd trap if it wasn't for your [medical degree]?" he asks Dr. David Campbell, an exceptionally talented fornicator and fellow intern.¹⁶² As an anthropologist he observes that at parties girls abandon him for future doctors. He fails to mention this "clinical impression" at the interview for admission to the medical school, but, after joining the ranks of students wearing the medical necktie, he is able to confirm his hypothesis "from the other side."¹⁶²

Céline's Dr. Ferdinand Bardamu¹⁶³ who has been wounded in World War I and has managed to escape from the horror of a French African colony, studies medicine because he feels less threatened by sick than by healthy humans. "People with nothing wrong with them ... think about killing you ... but when they're sick, they're not so frightening."¹⁶⁴ In other words, Bardamu is attracted to medical practice because of the perception that it will provide him with a degree of power not enjoyed by other professionals. After graduation, he tries to establish a practice in a poor suburb of Paris but his clinical activities end in professional and financial failure, and he leaves medicine in search of other work.

Returned servicemen seem less cynical after the Second World War. Martin Richter, the fugitive hero in Vicki Baum's *Berlin Hotel*¹⁶⁵ comes to medicine via the "Hitler Youth", the German army and the slaughter on the Russian front. "Martin had done and seen so much killing that he now wanted to cure and heal and patch and make well; be an obstetrician maybe, help bring children into the world."¹⁶⁶

Guterson's Dr Ben Givens¹⁶⁷ also decides to study medicine as a result of his wartime experiences. His friend Bill Stackhouse almost bleeds to death from multiple gunshot wounds and survives only because a competent surgeon performs an open-chest cardiac massage, administers massive amounts of intravenous fluids, and ties off the bleeding vessels. Until that moment a medical career had never entered Givens' mind; on the contrary, his unfortunate encounter with the medical profession at the age of twelve may well have constituted a disincentive (see Book 1, p. 90). He now helps to save Stackhouse by applying pressure to the femoral artery and by donating blood. A few weeks later he tells Rachel, his young wife "about the field surgeon who had saved Bill Stackhouse's life ... 'I want to be like that surgeon,' said Ben. A person like that. A doctor.' " Rachel, a nurse, supports Ben through medical school and he goes on to become a

successful cardio-thoracic surgeon.¹⁶⁸

Dr. Rogers,¹⁶ like Dr. Givens, comes to medicine from another occupation after a defining event:

“[He] was the son of a small Northampton milliner. At the age of fourteen he ran away to sea where he served for four years in all sorts of ships, in all sorts of capacities. It was on one of these that some rough and ready, but skilful, surgery, by which a young ship’s doctor removed some broken bone from the brain of a comrade who had fallen from the riggings, first fired him with the desire to be a surgeon.”¹⁶⁹

Rogers works his way through medical school and, in the face of unbelievable odds, becomes “the foremost brain surgeon in London.”¹⁶⁹

Charles March,^{69, 70, 170} a trial lawyer specializing in commercial litigation (see also pp. 14-15), and Robert Merrick, a millionaire playboy¹⁷¹ have both become disillusioned with their current life-styles, and head for medical school in their mid-twenties and thirties. Both want to become more useful members of society; March on the basis of socialistic principles, Merrick on religious grounds. Charles rationalizes "The chief advantage of becoming a doctor is ... that ... I shall still be some use in a dim way even if I turn out to be completely obscure. It's the only occupation I can find where you can be absolutely undistinguished and still flatter yourself a bit."¹⁷⁰ Dr. March indeed remains "absolutely undistinguished" while Dr. Merrick succeeds magnificently as a neurosurgeon.¹⁷²

A generation after Charles March¹⁷⁰ and Robert Merrick,¹⁷¹ Fred Simcox, in Mortimer's *Paradise Postponed*,¹⁷³ moves in the opposite political direction. Simcox, a “child of the manse,” is the son of an Episcopalian minister who considers himself independently wealthy, espouses "progressive" causes, organizes "peace marches" and tries to reform the world (see also Book 2, pp. 122-3). When Fred leaves College he has "no clear idea of what he wanted to do except that he was certain he wouldn't be a parson."¹⁷⁴ He is attracted to the anti-idealistic philosophy of his girl friend's father, the cynical Dr. Salter whose views on global problems are very straightforward:

"You can't change people ... You can't make them stop hating each other or longing to blow up the world, not by walking through the rain and singing to a small guitar. Most you can do for them is pull them out of the womb,

thump them on the backside and let them get on with it. Isn't that enough?"¹⁷⁵

John Alexander, in *The Final Diagnosis*,¹⁷⁶ a keen laboratory technologist, becomes a doctor after his baby dies through medical mismanagement. When John's Rh-negative wife is about to deliver an Rh-positive infant, and he wants to perform a Coombs test, the tyrannical and out-of-date head of pathology informs him that his suggestions concerning the "new" procedure are unwelcome. The chief, who of course has a medical degree, implies that John picked up bits of worthless information "in technicians' school"¹⁷⁷ and that the crucial test is unnecessary (see also Book 2, p. 230). The old man's obstinacy results in the baby's death and his own resignation, but, as a kind of restitution, he organizes funds to allow John to go to medical school,¹⁷⁸ and to fulfill an earlier ambition¹⁷⁹ that had been abandoned for financial reasons. Hailey does not inform his readers what had made John want to enter medicine "for as long as he could remember"¹⁸⁰ but at least, as a doctor, he will enjoy a greater degree of independence than as a medical technologist.

Dr. Jeremiah Stafford Ph.D. in *Cantor's Dilemma*¹⁸¹ also enters medical school from within the health system, but unlike John Alexander,¹⁷⁶ who moves "upwards," Stafford makes an apparently unique "descent." Stafford, the youthful Nobel prize winner whose experiments cannot be reproduced, announces during his acceptance speech in Stockholm that he intends to leave the rarified Nobelian atmosphere and to become an "ordinary" medical student¹⁸² (see also Chapter 6, p. 202). He and his girl-friend

"had joked about it: How many medical students start out with the Nobel Prize? But he was worried about it, she knew. How would the professors treat him? With deference? Or would they try to take him down a couple of pegs? And, even more important, how would his fellow students respond?"¹⁸²

What Stafford really wants is the relative obscurity of a medical student, whose notebook entries and nocturnal lab visits are not subject to scrutiny.¹⁸³ Why he chooses medicine rather than an academic post is unclear. We do not hear about his subsequent fate.

On the other hand we hear plenty about Dr. Ralph Dudley, the husband and practice partner of Dr. *Mona Maclean*.¹⁸⁴ Like Philip Carey⁷ and Martin Arrowsmith,⁸ Dudley makes a number of false starts before finding his true vocation. He leaves school "laden with prizes and medals" as

well as a great deal of money to spend on his education.¹⁸⁵ He begins with an Arts degree from Edinburgh University, then goes on to a Natural Science degree at Cambridge, where he gains poor grades and realizes that he is not “specially fitted for research.” During the next two years Dudley travels around Europe, attends orchestral concerts, visits “all the cathedrals and picture galleries” and pursues desultory studies at German universities. By now in his late twenties, he decides the time has come to choose a profession and, perversely, this brilliant talker¹⁸⁶ picks medicine because it “will give me no scope for ... talking.” This cryptic explanation presumably means that it is the doctor’s function to listen to his patients rather than display his conversational talents.

Because of his age, Ralph decides to enroll in the non-academic medical course, which he finds so dull that he does hardly any work. He manages to scrape through the examinations but, dissatisfied with the course content and his poor performance, he enrolls in the academic course at London University where his true academic aptitude at last reveals itself and he is awarded the gold medal for anatomy.¹⁸⁵ Ralph marries Mona Maclean,* an early woman doctor, and the two set up in a partnership practice, enriched by his intellectual gifts and by her compassionate attitude, particularly towards women patients.¹⁸⁷

Alfred Boone, Lucas Marsh's rich roommate¹⁸⁸ is attracted to medicine because he is a “joiner.” Alfred's mother explains: " 'If there's a club or a fraternity, Alfred wants to join. Medicine's a fraternity. So Alfred wants to join.' " Once he sets up in practice, Dr. Alfred Boone will no doubt be a great success as physician to his fellow-Rotarians and members of his various clubs.

Shem¹⁸⁹ describes an extraordinarily relaxed black intern (Chuck) who has offers of admission to various prestigious institutions (including The University of Chicago Medical School) on the basis of affirmative action quotas. Chuck, who has no family tradition of college, let alone Medical School, and whose father remarks: "Son, you'd be better off joining the army," turns into a "good" physician despite his outlandish clothes and his intellectual limitations.

* Mona Maclean’s career is discussed in detail in Book 4.

Dr. Zaidee Atalanta Lloyd (“*Doctor Zay*”) ¹⁹⁰ who presumably worked as a “homemaker” before changing to medicine, noted that, during her final illness, her mother derived a great deal of comfort from the visits of a Boston woman doctor. The experience makes her decide, after her mother’s death, that she would “do as much for someone else’s mother.” ¹⁹¹ She does not regret her career change at any stage (see Book 4).

The Interview for Admission

When applicants for admission to medical school are asked “Why do you want to be a doctor?” they have available to them a limited range of responses, none of them satisfactory. ¹⁹² Barney Livingston, the principal male character in Segal's *Doctors*, ¹² who has travelled from New York to Boston for his interview with the Harvard Dean of Students, considers his options: How will he answer this key question?

“(A) Because I want to comfort and heal the suffering in the world. No. Too obvious. (B) Because your unrivaled research facility will enable me to discover new cures ... No, too pretentious. (C) Because it's a guaranteed step up the social scale. True but nobody would admit it. (D) Because I want to make a lot of money. Could be credited for candor - might be rejected for crassness.” ¹⁹²

Barney is fortunate; he does not have to answer the crucial question at all. The Dean subscribes to the view that aspirants to the medical profession should have distinguished themselves at some extra-curricular pursuit such as football or playing the French horn. Barney is a member of the Columbia basketball team and the entire interview revolves around the forthcoming Harvard-Columbia game. The reasons for his career choice are not even mentioned. He is admitted.

Quinn Cleary, the heroine of *The Select* ¹⁹³ handles her interview brilliantly. In answer to the opening question: “Why do you wish to be a doctor?” she replies that she has a whole speech prepared in anticipation of that topic, but has forgotten it all. ¹⁹⁴ Her interviewer, Dr Walter Emerson, sounds relieved:

‘Good. I’ve been listening to speeches all afternoon. Let’s get away from the prepared text, as the politicians say, and get down to the real you. Why a doctor?’ ‘Because I can’t remember ever wanting to be anything else.’ ‘That doesn’t answer the question.’ ‘Well ...because I know I can do it and do it well.’ ¹⁹⁴

Emerson, who is pleased with this somewhat overconfident answer, probes a little further. What about altruistic reasons? Most of the students seem to prefer that approach.

Quinn Cleary shrugged. She seemed to be relaxing. 'That's important, I guess.' 'You guess?' 'Well, benefiting mankind is great but that's not what's driving me. I mean you don't spend four years in pre-med, four years in medical school, then two, three maybe five more years in a residency just to "help" people. Plenty of people need help right now... If helping people is all you care about, why put it off for ten years? Join the Peace Corps or go work in a mission feeding the homeless.'... 'You're not an altruist then ...?' 'I care a lot about people ... but there's got to be more to becoming as doctor than that.' 'Oh yes,' Walter said, allowing a smile. 'How could we forget. There's the status, the respect and maybe most important, the money.'

Quinn, who comes from a poor home, is not particularly interested in status or money. Her ambitions do not comprise driving a Mercedes. When she visualizes herself as a doctor, "it's in a hospital or an examining room ... doing the job and doing it right." Quinn is admitted.

Dr. Grover Aarons, Professor of Pathology in Thompson's *Not as a Stranger*¹¹ becomes interested in the intense young Lucas Marsh and quizzes him about his motives for entering a medical career. Marsh, well past the admission stage, intrigues Aarons by his intense, almost fanatical outlook.¹⁸⁸

" 'Wanted to be a doctor long?' 'As long as I can remember.' 'Some doctors make a lot of ... how much money do you think you need?' 'I don't know ... I never thought of it ... I guess I want to make money all right' ... and Aarons thought . . . 'It isn't money he wants'. [The interrogation continues.] " 'Kind of small place Milletta' ... 'Yes Sir.'... 'I guess it's easy to get bored in a small town. All farm kids seem to try and break loose, get away to the cities. Any profession must look glamorous to them.' 'Maybe so ... I never thought of it quite like that' ... All right so it isn't glamour, it isn't let's-get-away-from-a- small-town, it isn't not-to-be-a-farmer. [Dr. Aarons is still looking for clues.] 'You say this is the first hospital you've been to?' 'Yes Sir.' 'Kind of exciting eh? ... really like it eh? It does that to all of us. There's something dramatic about a hospital - life and death under your hands - there's something about a doctor, learned, wise, clad in white wisdom, the ancient robe of the seer... the right hand of God' ... 'Yes Sir.' 'Doesn't it ever hit you that way?' ... 'Yes, Sir,' Lucas said dutifully. All right so it's not drama, it's not money, not escape, not position. We're narrowing it down. You haven't got many left."¹⁹⁵

Professor Aarons inquires whether Lucas is fond of studying. Lucas is keen on studying medical

subjects but he is still a little diffuse about his interests.

" 'You feel pity?' 'I'm going to be honest, I don't feel much pity ... I want to heal all right ... That's pity maybe. It's more like seeing a picture hanging crooked on the wall and itching to straighten it ... ' "195

Professor Aarons is unable to elicit a convincing explanation for Lucas' attraction towards a medical career. Lucas implies that clinical work is "in his nature" like "a dog barks, a horse runs, a cow gives milk."¹⁹⁵

Similarly Ignac Semmelweis, Thompson's romanticized hero¹²⁰ who has never included medicine in his career options,¹⁹⁶ suddenly develops a burning interest in the subject after watching a public dissection out of curiosity.¹⁹⁷ Uncharacteristically, Semmelweis' historic decision to specialize in obstetrics is attributed to commercial considerations: "Every woman is a potential customer."¹⁹⁸

Dr Austin Sloper in *Washington Square*¹⁹⁹ is not being interviewed for admission. By the time the book opens, Sloper is a mature, established physician. However, Henry James provides, in three words, the most logical explanation for the popularity of medicine as a career. Sloper, like thousands before and since his time, regardless of cultural background,²⁰⁰ becomes a physician because he wants a career that is both "interesting and useful."²⁰¹

Unachieved medical ambitions

A few unsuccessful medical students simply drop out of sight. Beneatha Younger^{116, 117} (see pp. 20-21) lacks the necessary emotional and financial support to get into medical school and we do not hear of her subsequent career. Bahia Shaheen's fate after the enforced termination of her studies⁸⁶ (see p. 16) is also left indeterminate. Most fictional medical dropouts retain some connection with clinical practice, displaying stigmata indicative of their failed aspirations. The "syndrome" manifests itself in a variety of ways.

"Doctor" Rauner,²⁰² a failed medical student, becomes an abortionist of the repulsive category²⁰³ (see Chapter 7, p. 232-3). Maurice Hollis in C.P. Snow's *The Sleep of Reason*²⁰⁴ who wants to be a doctor, like his father, is stymied by his intellectual limitations. He "was unlikely to get through

... the Cambridge first year examination ... He didn't seem to possess any approach to a memory."²⁰⁵ Maurice, who wants to "help people" becomes a psychiatric nurse instead of a doctor. He goes on to marry a handicapped woman, from the lowest socio-economic stratum.²⁰⁶

John Tremont Junior²⁰⁷ is intelligent enough but his introduction to the "sordid" details of medicine occurs a little too early in his life. At the age of fifteen he announces his intention of "wanting to be a doctor"²⁰⁸ and is therefore elected to assist the undertakers as they embalm his recently deceased grandfather. "By the time I'd watched the draining of the dark thick blood, the cutting out of the insides, the stuffing of cotton into the sides of his mouth and into the eye sockets," John's doctoring career is over.²⁰⁸ He goes on to obtain a PhD in psychology rather than an MD degree, and he derives a precarious satisfaction from informing his father's physician that he is "Doctor" Tremont.²⁰⁸ He takes blood pressures, prescribes medications and is perceived as a pest by the medical staff of the hospital where *Dad* Tremont is being treated.²⁰⁸

Georgiana Jutland,²¹⁰ the rebellious oldest daughter of a prominent Perth lawyer, puts in two years in medical school, ostensibly to please her father who proudly displays her to his yachting friends as the doctor in the family. According to Georgiana's own account, she comes to detest her father and "bombed out of medicine ... to thwart the old man's dream,"²¹¹ though the reader is left wondering whether this unstable woman²¹² might simply have been incapable of coping with the intellectual and emotional discipline associated with a medical course and a medical career. Georgiana²¹⁰ subsequently trains as a nurse.

Martin du Gard's Isaac Studler²¹³ drops out of medical school when he is forced to become the family breadwinner²¹⁴ after his brother's suicide. Studler never breaks his connection with medicine and medical activities. He works as a kind of a nurse when the child of a former classmate is dying of an intracranial infection,²¹⁵ (see Chapter 8, p. 273) and he is willing to serve as a laboratory technician when another former classmate, Dr Antoine Thibault, plans to establish his medical research institute (see Chapter 6, p. 190-1).²¹⁶

Yet another medical school dropout type is represented by Clifford Clawson, the raucous and exuberant classmate of Martin Arrowsmith.⁸ "Clif" is sufficiently popular among the First Year

medical students at “Winnemac” university, to be elected class president.²¹⁷ Noisy, dirty,²¹⁸ lazy and alcoholic, Clif nevertheless constitutes a refreshing contrast to some of his single-minded classmates, who can think only of how much money they will earn when they graduate. He has a repertoire of seven jokes, which “under various guises, ma[k]e up all of his humor and philosophy.”²¹⁹ He takes care of Martin during drinking bouts and provides him with generous amounts of cash when funds run out.²²⁰ Clif’s medical career comes to an abrupt end when expulsion looms as the result of one of his pranks.²²¹ He manages to leave of his own volition, initially exchanging a medical career for that of a car salesman and subsequently turning into an investment consultant, who recommends stock in oil companies “unprovided with oil.”²²² Despite his career change,* Clif still boasts, fourteen years after his departure from medical school, that he is a “real sawbones.”²²³

Basch Senior in *The House of God*²²⁵ wants to be a medical doctor but never makes it into medical school. He is blocked by the Jewish quota of the 1930's,²²⁶ and becomes a dentist in upstate New York instead. Dentist Basch, who tries “to live his dreams through [his son, Roy],” is revealed in his letters as a Polonius-like character, full of trivial and irrelevant advice. His letters also provide some insight into what had motivated him forty years earlier. When he writes: “You have a great opportunity to learn medicine and start dealing with people,”²²⁷ Father Basch implies that physicians (unlike dentists) help patients solve major problems. Understandably, the old man is disappointed when Roy, who “just coasted into medicine”²²⁸ takes a year off after his internship²²⁹ and announces that he has no intention of “dealing with people” (at any rate, not with their physical ailments).

One of the saddest characters suffering from unfulfilled medical ambitions is Tom Sawyer's teacher, Mr. Dobbins.²³⁰ He “had reached middle age with an unsatisfied ambition. [He wanted] ... to be a doctor but poverty had decreed that he should be nothing higher than a village schoolmaster.”²³⁰ Dobbins now keeps an anatomy book in his desk drawer and peruses it nostalgically while “supervising” his students.²³⁰

* Significantly, Clif never seems to consider a career as a “drug rep.”²²⁴

Summary – Chapter 1.

Relatively few fictional physicians provide any clues concerning their motives for studying medicine. Where such information is available, family pressures and youthful idealism seem to constitute the commonest causes for the embarkation on a medical career. Other factors that drive young people in the direction of medicine include perceived financial rewards, but money is neither a common nor a compelling consideration. Adults steering young people in the direction of a medical career, are influenced by the status of doctors, itself the result of the perceived power of physicians and the semi-secretive nature of their activities. The desires to “help people” and to “find a cure for diseases” motivate children and naive adults. The most convincing incentive for enrolling in a long and arduous course comes from positive role models, especially from doctors treating sick family members. Remarkably, the intrinsic interest in biological processes and in the mechanisms whereby these processes affect human beings, are rarely mentioned.

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Chapter 2. What Kind of Medicine?

“There are ... doctors ... specializing in diseases of the eyes, others of the head, others of the teeth, others of the stomach; while others ... deal with the sort of troubles that cannot be exactly localized.¹

While the existence of medical specialists was described in classical times^{1,2} the reason for a doctor’s choice of a particular specialty, like his initial decision to study medicine, is rarely discussed in fictional literature. Family members, colleagues and especially patients do not enquire: “What made you decide to be an obstetrician?” any more than they ask: “What made you decide to marry this woman?”

Fact and Fiction

In recent years, several investigators, relying mainly,³⁻⁷ though not entirely⁸ on post-graduation questionnaires, have tried to ascertain what determines the choice of particular specialties and subspecialties. Students of selected vintages are tracked some years after graduation, and epidemiological factors such as race, gender, level of debt, medical schools attended, and exposure to particular topics during the course, are analyzed for their possible effects. The participants are asked to what extent their exposure to particular teachers,⁹ the perceived “controllability” of their life styles,⁵ their earning capacities and the self-appraisal of their own skills influenced their decisions. In Goldacre’s surveys of British medical graduates,^{6,7} (see also Chapter 5, p. 123) the most important component in the choice of particular specialties was the “enthusiasm/commitment” factor, “what I really want to do.”

Such studies are statistically important and may even result in the manipulation of curricula in attempts to guide medical graduates in certain directions. However they say little about what goes on in the mind of interns or senior medical students when they decide to take an almost irreversible step in a specific direction. In particular, such questionnaires tell us nothing about the perceived status of the chosen specialty, how this status came into being and whether or not the perceived hierarchy of specialties is taken into consideration during the career-choice process.

How often do final year students change their minds before finally signing up for a particular rotation? Do capricious issues, such as an encounter with a particular patient enter the equation? Works of fiction obviously cannot answer these questions but they can provide instructive anecdotes.

City and Country

Doctors decide to practice in smaller or larger centers for a variety of reasons. Balzac's Dr. Martener¹⁰ evidently considers that his "people skills" will be more helpful in Provins than in Paris,¹¹ and his translocation is perceived as a success (see Book 1, p.175). Conversely, when Dr. Richard Mahoney, who has no people skills, and who is physically and psychologically impaired,¹² imagines unrealistically that a flight from Melbourne to a small country town will solve his financial difficulties,¹³ the move turns into an unmitigated disaster (see also Book 2, pp. 209-10) Dr. Martin Arrowsmith¹⁴ begins practice in a small town in North Dakota, because his parents-in-law live there.¹⁵ He is intellectually and emotionally unsuited to country practice and becomes first a public health administrator¹⁶ then a pathologist at a private clinic¹⁷ and finally a full-time researcher.¹⁸

Hospital versus Office Practice

Dr. Howard Sommers in Herrick's *The Web of Life*¹⁹ who dislikes the commercial aspects of private practice, has been offered a position as head of a small hospital in a mining town. His negative role model, the "successful" Dr. Lindsay, disapproves of the move, which will obviously involve more than a simple geographic translocation.

'Such a place would bury you. You would never be heard of.' Sommers smiled at the penalty held out. 'There isn't any career in hospital work anyway.' 'I like it better than family practice' [says Sommers.] 'You don't have to fuss with people, women especially. Then I like the excitement of it.' 'That won't last long,' the older man smiled indulgently.²⁰ [Howard decides to remain in Chicago, not on account of Dr Lindsay's advice, but because he is emotionally involved with the wife of one of his patients.]

In general, doctors' relocations from larger to smaller centers during the nineteenth and early

twentieth centuries, entail little or no change in the style of their practices. However, as specialization becomes increasingly complex, as well as financially and intellectually more rewarding than family practice, a decision to move to or remain in a small town involves an increasingly strong dedication to primary care. Dr. Jane Langford, a bright, competent and idealistic intern²¹ has developed this commitment to a high degree. She wants to work “in one of those little mountain communities. They need doctors so badly.” One of her colleagues, who regards practice in a small, isolated town as unappealing, issues a stern warning:” ‘Don’t do it, Janie. Don’t crucify yourself for an ideal.’ “²² Dr. MacAllen Randall who, over the years, has made a heap of money from the rich, chronic invalids in his city-based nursing home, can afford to be more idealistic, especially where other people are concerned. When Jane talks to him of joining old Dr. Johnson “in the sticks” to practice among the poor and the disadvantaged, Randall puts on a façade of nostalgic altruism: “ ‘You won’t believe me, but I would give all this,’ the gesture with his free hand included [his select clientele,] his plush bank account, everything, ‘to be in Ed Johnson’s shoes. He’s a good man. You’re fortunate to be with him.’ “²³

Similarly, Karen, a somewhat immature third year medical student currently attached to the neurology unit at the San Francisco County Hospital,²⁴ mentions to Dr. Joseph Womack, her disillusioned and burnt out mentor, (see Book 2, p.191) that she wants to be a pediatrician in a small town.

" 'Out in the country, maybe in Oregon or Washington.' 'Far from the ghetto?' 'I guess so.' 'And make house calls?' 'Oh yes.' [Womack is not impressed.] Many students had this goal - to be a rural physician, delivering babies at home, practicing top-quality medicine among the redwoods and being much loved by a sleepy little town ... It was an archaic dream of innocence, like riding around in a horse-drawn buggy."²⁵

Gender Considerations

In real life, clear differences are discernible between the career choices of male and female doctors. American women are more likely than men to be interested in primary care, especially in pediatrics.⁴ When opting for hospital-based appointments, more British women than men select “ancillary” specialties such as pathology.⁶ Lifestyle issues influence decisions to pursue particular types of training to a greater extent in women than in men.²⁶

Such gender differences are reflected amongst fictional women doctors of whom some 30% are training or have trained in obstetrics/gynecology or pediatrics, specialties considered particularly suited to women. (See Book 4, Chapter 2.) However, many fictional women doctors are also found training or attempting to train in surgery and surgical subspecialties, with very few (men or women) revealing the reason for their career choices.

Consistency and Capriciousness.

Some students know exactly what they want to do from the moment they enter medical school;²⁷ others change their minds several times, though the most single-minded are not necessarily the “best.” Angus Duer, Martin Arrowsmith’s cold, confident and calculating classmate, declares, even as a medical student, that he has “been born to carve up innards”²⁷ and goes on to become a highly competent and successful general surgeon. Ira Hinkley, another classmate, also has his career mapped out at an early stage: He looks forward to a career as a medical missionary,²⁸ and ultimately achieves what he would have considered martyrdom.²⁹ (See also Book 2, p. 123.) For most of the students, the future is less clear.³⁰

“None of the hectic activities of Senior year ... was quite so important as the discussion of ‘What shall we do after graduation?’ Is it necessary to be an intern for more than a year? Shall we remain general practitioners all our lives or work toward becoming specialists? Which specialists are the best - that is the best paid? Shall we settle in the country or in the city? ... This discussion they harried in the corridors of ... the hospital [and] at lunch rooms; and when Martin came home to Leora he went through it all again very learnedly ... Almost every evening he reached a decision which was undecided again by morning ... Once when Dr Loizeau, Professor of Surgery, had operated before ... several renowned visiting doctors - the small white figure of the surgeon before them slashing between life and death, dramatic as a great actor taking his curtain call - Martin came away certain he was for surgery.”³⁰

Of course, Martin the “seeker” and doubter, is quite unsuited to a surgical career and, after a number of false starts, he turns into a clinical researcher (see p. 49)

Arthur Hailey’s Dr. Lucy Grainger,³¹ after graduating in medicine from the University of Toronto, interns at the Montreal General Hospital and stays on to specialize in orthopedic surgery.³² Lucy, now thirty-five years old, is fully aware of the capriciousness inherent in medical career choices.

"She had often thought how much chance there was in the specialty which anyone in medicine decided to enter. Often so much depended on the kind of cases you became involved in as an intern. In her own case ... her interest had switched first to one field, then to another ... She had been undecided whether to specialize at all or enter general practice. But then chance had caused her to work for a while under the tutelage of ... Old Bones"³²

a coarse, dictatorial, instrument-throwing orthopedic surgeon. "Old Bones" befriends Lucy in his own way and constitutes the main factor in making her chose orthopedic surgery as a career.³²

Scott Fitzgerald's Dr. Richard Diver, arguably the best-known psychiatrist in literature,³³ choses his specialty "because there was a girl at St. Hilda's in Oxford that went to the same lectures."³⁴

Even in the real world, major directional changes in careers may occur as the result of an encounter with a single patient.*

Financial and Life-Style Considerations

As in real life,^{3, 4} mercantile factors clearly play a part in the decision-making process. When the "Fat Man" in *The House of God*³⁶ assembles a group of interns to give them a lecture on the advantages and disadvantages of various specialties, ophthalmologists are singled out for their earning capacities. They rake in "millions each year."³⁷ Dr. Constantine Mercouris,³⁸ whose attempts to make a good impression on the Chief of Surgery have ended in spectacular failure, now considers radiology as an alternative career. In his drunken state he ponders over the relatively short residency required and the financial rewards. "Those guys made Money with a capital M once they get set up."³⁹ Gynecologists are cynically described as making "a fortune out of small fibroids ... they're worth their weight in gold."⁴⁰ When one of the students in *Not as a Stranger*⁴¹ mentions his interest in pediatrics, a colleague commends this choice on financial grounds: "People always pay for their kids."⁴²

Life-styles associated with particular specialties are clearly of major importance. The aspiring obstetrician is warned: "You'll never sleep."⁴² Dermatology is less "exciting" than obstetrics but

* Stanley Prusiner, who received the 1997 Nobel Prize in Medicine for his work on prion-associated disorders, developed an interest in the subject in his residency days, twenty-five years earlier, after admitting a woman with Creutzfeld-Jakob disease.³⁵

at least the patients leave their doctors in peace at night. Patients suffering from skin problems “never die, they never get well and they never get you up at night.”⁴² Surgery is preferable to internal medicine⁴³ because surgical treatment, whether successful or not, at least involves “doing something. The [internists] know everything and do nothing, the surgeons know nothing and do everything.”⁴⁴

Rarely, specialty choices are made for altruistic reasons. Dr. Spurgeon Robinson, a black surgical resident in Gordon's *The Death Committee*⁴⁵ leaves surgery for obstetrics because he feels he can be of greater service to the black community in family planning and antenatal care than in performing fancy surgical operations.⁴⁶

General Practice versus Specialization

The relationship between specialists and general practitioners are discussed in detail in Book 2 (pp. 64-8). By the 1920's specialties and specialists were well established, and fictional works published after that time generally imply that general practitioners are losers who cannot aspire to rise into the more distinguished ranks of the profession. The brightest young doctors, it is hinted, do not enter a career in general practice by choice, and those who do, are castigated by their former teachers for their stupidity. (See also Chapter 5, pp. 149-152)

As early as 1887, Dr. Hiram Slate,⁴⁷ the great surgeon at “Bart's Hospital,” London⁴⁸ reproaches his former assistant, Dr Benjamin Phillips, for “settling to (sic) general practice in Maida Vale. With all the opportunities you have had of doing better. ... it is absurd for a man of your abilities to devote himself to a midwifery practice that would scarcely satisfy a student.”⁴⁹

On the other hand, Dr. Peter Harding, the prominent London internist,⁵⁰ deprecates this notion and, in a letter to his nephew, supports the young man's decision to enter general practice. He writes: “I ... detect in your letter ... a kind of reluctance about going into general practice, as if this were in a way an admission of failure.”⁵¹ Harding argues long and hard, that general practice is intellectually just as appealing as any specialty but considering his own career choice and his dictum that “upon no more than one branch of the tree of healing will it be given to [a doctor] to climb out a little further than [his] fellows,”⁵² his fulsome praise of general practice sounds

unconvincing.

Dr Lawrence Kildare, father of Dr James Kildare, fights a rearguard action against the what he sees, as the pernicious trend of specialization.⁵³ Kildare senior is overjoyed when young James shows no inclination towards any specialty. “It simply means you’re ideally suited to the life of the country practitioner, a well-rounded business that keeps your hand in everything. Lots of good minds are looking favorably on general practice instead of this eternal, infernal specializing.”⁵⁴

Dr Samuel Abelman, the medical hero of Green’s *Last Angry Man*⁵⁵ is stuck, at the age of sixty-eight, in a “nickel and dime” general practice in a Brooklyn slum.⁵⁶ His loyal wife declares “I don’t regard my husband as a failure,”⁵⁶ but the doctor has almost no patients⁵⁷ and he continually expresses his anger at specialists⁵⁸ whose ranks he unsuccessfully tries to join⁵⁹ (see also p. 87 and Chapter 5, pp. 151-2). Other general practitioners, who feel stifled in general practice include Dr Joe Derry⁶⁰ in *The Healers*,⁶¹ and Dr. Alan Beresford in *Doctor Jo*⁶² who had failed to obtain a surgical qualification. However, frustration, boredom and the “burn-out” syndrome seem no more prevalent among fictional general practitioners than among other fictional doctors (see Book 2, Chapter 5).

Unspoken Considerations

The stated reasons for the choice or the rejection of a particular specialty include money, life-style, and academic opportunities. To these must be added several implicit factors. In particular, applicants for specific training posts assess their own aptitudes and skills, the perceived intrinsic interest of different branches of medicine and the status of the various specialties within the profession.. When the Johns Hopkins medical students at *Miss Susie Slagle’s* boarding house⁶³ consider the various specialities (sic) available to them,⁶⁴ one young man reveals that he wants to go into pediatrics but is not confident of obtaining an appointment. He will therefore accept “anything but psychiatry.”⁶⁵ This announcement is not discussed any further, but everyone present apparently understands why a aspiring pediatrician would sooner accept an appointment in gynecology or pathology than in psychiatry.

The pervasive denigration of general practitioners by senior and junior staff in teaching hospitals has been in evidence for almost a century. Somerset Maugham's medical students⁶⁶ absorbed "an unconcealed scorn" for family practice "from the hospital air."⁶⁷ In one of the few non-fictional studies of this phenomenon, Kamien et al.⁶⁸ found that 78% of students had been exposed to at least one derogatory remark about general practitioners during their course, and that such remarks contributed to negative career choices in some 20%.⁶⁸ Hunt et al.⁶⁹ found that a number of students' chosen careers were subjected to "bad-mouthing," but that the phenomenon was particularly prevalent if the intended career was general practice.

This assumed background information is scattered in fictional literature, but rarely emerges in real life. The following chapters bring together selected extracts concerning the perception of various medical specialties. The references to surgery and psychiatry are so numerous that they are treated in separate chapters (see Chapters 3 and 4).

Summary

Career choices within the medical profession are, to some extent, capricious, depending on clinical teachers and on patients encountered during the medical course, and in the early years after graduation. When deliberate selections are made, considerations include not only financial rewards, life-styles and self-assessed aptitudes, but also unspoken considerations such as the status of particular specialties within the profession.

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Chapter 3. Surgery and the Surgeon

"A chirurgien should have three divers properties in his person. That is to say a heart as the heart of a lion, his eyes like the eyes of a hawke and his hands as the hands of a woman."¹

Historical

Surgery, "the red flower that blooms among the leaves and thorns that are the rest of medicine,"² the most spectacular and the most prestigious of all clinical activities, constitutes the gold standard against which all other branches of medicine are ranked. Practicing surgeons, described by one of Slaughter's characters³ as "the aristocrats of the profession,"⁴ are in charge of "real" healing,⁵⁻⁷ they clearly possess skills not shared by the majority of their medical colleagues, and they are able to carry out procedures forbidden to those who lack their specialized training.^{8*}

The glamour surrounding the contemporary fictional surgeon, like that of his counterpart in real life, has developed over the past 150 years.^{9,10} Molière's single-minded purveyor of enemas,¹¹ Fielding's undignified blood letter¹² and Melville's brutal naval surgeon¹³ have no more in common with the scrubbed, board-certified specialists in contemporary hospital novels^{14, 15} than an ancient Egyptian medical papyrus has with a modern textbook of pharmacology.

The present day surgeon differs not only from his professional ancestors, but also from non-surgical members of the medical profession. The surgeon does not suffer from self-pity, self-doubt or nostalgia about missed career choices.¹⁶⁻¹⁹ His confidence is at least partially justified by his professional competence.¹⁶ He works in "marble halls with vassals and serfs at ... [his] side,"²⁰ and in an environment that guarantees the survival of a large proportion of his patients. Most importantly, he is clearly identified, in his own mind and in the perception of the community at large, with the operating room and the knife. The functions of an endocrinologist or a pathologist may not be readily apparent to members of the public (see also Chapter 5, p. 154), but everyone knows that surgeons have to cut, remove and repair before the patient can improve. No one ever

* Persons taking the Hippocratic Oath⁸ swear that they "will not use the knife ... on sufferers from stone, but ... will give place to such as are craftsmen therein."

asks: ‘What does a surgeon do?’²¹ The surgeons’ status, their sense of purpose, and their remuneration are legendary and arouse the envy of many of their non-surgical colleagues.

“Aristocrats of the profession”

As early as the mid-eighteenth century when surgeons were still regarded as somewhat undignified artisans, Samuel Richardson makes one of his patients declare that surgeons at least intervene in a meaningful way. “The only honest and certain part of the art of healing is surgery.”⁵

Frank Slaughter’s Amy Weston,³ a young Vassar graduate whose family gave the town of Weston its name, bestows “aristocratic” status on both internists and surgeons.⁴ (see also Chapter 5, p. 123). However, when the time comes for Amy to choose a partner, she picks Dr Peter Brennan, a surgeon and "a born leader of men" rather than an internist.⁴ When a crisis erupts at the Weston Faculty Clinic, it is Brennan who calls and chairs the emergency lunchtime meeting and who directs one of his colleagues (a psychiatrist) to lock the door after the food has been served and the waitress has left.²²

The glamour that attaches to these masters of the operating room “slashing between life and death, dramatic as a great actor taking his curtain call”²³ (see also Chapter 2, p. 51) attracts almost all medical students at some stage. Even Martin Arrowsmith, Sinclair Lewis' idealistic “seeker,” and a most unlikely recruit to surgery, declares, after attending a particularly spectacular operation in the final year of his medical course, that he is going to be a surgeon.

"[He] explained it all to Leora. Surgery. Drama. Fearless nerves. Adoring assistants. Save Lives. Science in devising new techniques. Make money - not to be commercial of course but to provide Leora with comforts."²³

Of course Martin, does not take up a surgical career. On the other hand, his classmate Angus Duer,²⁴ who "knew without wavering, precisely what he was going to do,"²³ graduates at the top of his class²⁵ and becomes a competent and highly successful surgeon.²⁶

Hero-Worship

Some fictional patients, who have recovered from major surgical operations, their families, their friends, and even some of the authors, treat the “magicians of the operating room” with unqualified

adulation. Diana Warwick in Meredith's *Diana of the Crossways*²⁷ who does not in the least resemble the gushing teenagers of doctor-nurse romances, declares (after assisting at a friend's mastectomy): "I have learnt to admire the men of the knife! No profession equals theirs in self command and beneficence."²⁷

Van Der Meersch²⁸ is more specific.

"Géraudin was a born surgeon. He operated magnificently with a rapidity, precision and certainty of movement which none of his rivals could hope to equal. His incomparable coolness and decisiveness had saved patients' lives a hundred times. In ten seconds, faced with an open abdomen that revealed unexpected disaster, he would reach a decision."²⁸

Frank Slaughter¹⁴ waxes even more fulsome in his praise of surgeons. During the removal of a loose bullet from the right ventricle

"A hush fell over the observation gallery as [Dr Dieter] worked, for even the greenest student ... knew that a false step could lead to an ... uncontrollable hemorrhage. Dieter, however, acted as if he had no knowledge of the dreadful consequences of even a slight misstep, working as calmly as if he were separating a toenail from its bed."¹⁴

At the graveside service for Dr. Samuel Brill,²⁹ a long-since retired surgeon, one of the doctor's former patients feels constrained to pay a personal tribute to his dead healer.³⁰ The doctor's daughter, very much aware of her late father's failings, tries to inject some black humor into this travesty of a eulogy, but she does not succeed. The old man can barely walk, his speech is inaudible, but the few phrases that come through the public address system reflect his genuine veneration of the deceased Dr Brill. The mourners hear "brilliant surgeon", "my life", and "eternal gratitude," before the grateful patient bursts into sobs and has to be led away.³⁰

William Faulkner's Deputy Sheriff in *The Wild Palms*³¹ adopts a more down to earth approach. He is aware that surgical operations may produce their own complications, and he considers the local surgeon a highly skilled mechanic rather than a miracle worker.³¹ Nonetheless, his admiration for "Doc Richardson," is obviously genuine. Dr Richardson had operated on a black man with a penetrating abdominal knife wound and had resected the small intestine.

"Well, what does Doc Richardson do, opens him up, cuts out the bad guts, sticks the two ends together like you'd vulcanize an inner tube and the nigger is back at work right now. Of course, he ain't got but one gut and it ain't but two feet long so he has to run for the bushes almost before he quits chewing."³¹

Physical Appearance, Military Bearing, Stamina

The fictional surgeon, like his counterpart in real life.³² is “tall, vigorous, muscular ... impeccable in his dress. Each day [he dons] a clean lab coat, monkishly starched.”³³ (See also Volume 1, p. 72) The surgeons’ legendary physical fitness, which develops during their distinguished athletic careers at college,³⁴ forms the background for their awesome staying powers during prolonged surgical operations, a talent that is admired and envied by younger, less resilient residents and interns. After an eight-hour emergency procedure lasting from 4 a.m. to noon, Nourse’s Dr Piedmont, who has two further long cases scheduled for the afternoon, looks “fresh and chipper” and behaves as if he had “just come back from a three-week vacation.”³⁵

Unlike their undistinguished colleagues in other specialties, who have to be recruited in foreign countries or amongst ethnic minorities, surgeons come from white, Anglo-Celtic, privileged families. Francis Roe’s surgeon (Dr Walt Eagleton³⁶) “a good-looking, smooth skinned evenly tanned man of about forty-five ... even in his green scrub suit had a look of prosperity and success about him.”³⁷ By contrast, his anesthesiologist (Dr Gabriel Pinero) “a small, very wrinkled man” clowns and exaggerates to such an extent that Dr. Eagleton feels he has to apologize for him. “It’s his hot Italian blood that makes him [act this way].”³⁷

The surgeon’s determination and his perceived ability to remain in control in the face of injury and death, make him think and behave like a military officer, combining in his personality both the dignity and the coarseness that characterize the soldier. Selzer’s Dr. Hugh Franciscus speaks “in a military voice which had called forth blind obedience from generations of medical students, interns, residents and patients.”³³ Some surgeons even look like military characters. John O’Hara’s Dr George Reed³⁸

“gives you the impression of strength. Confidence. He’s quite tall. Over six feet. And he has this iron gray hair. Actually, when I think of it, he could also be taken for a general. I guess that’s responsibility and being accustomed to giving orders and expecting them to be obeyed.”³⁸

Similarly, Dr Cosbie, the surgeon in *Mr. Sammler's Planet*,³⁹ who has played football for the Georgia Institute of Technology⁴⁰ and is now taking care of Dr Elya Gruner, a sick colleague,

displays distinct military traits. When Gruner's uncle, Artur Sammler, visits his nephew in hospital and asks the doctor for information, the surgeon is not particularly forthcoming.

"Doctor Cosbie ... the ex-football star ... struck Sammler as a sort of human wall. High and flat ... somewhat unapproachable ... He had the air of a general whose mind is on battalions in a bloody struggle,* just out of sight over a hill. To a civilian pest who came up to him at that moment he had nothing to say."⁴⁰

Sinclair Lewis' surgeons "give well-bred and exceedingly final orders to subordinates."⁴¹ Dr. Joseph Womack, Hejinian's distinctly non-surgical anti-hero,⁴² grudgingly admires the physical fitness, the handsome appearance and the signs of worldly success in his surgical colleagues, which stand in sharp contrast to the squalid County Hospital, its bedraggled resident staff and its impoverished clientele. Dr. Temple, the tall chief of the university transplant team,⁴³ arrives in

"a shining black Mercedes. His Continental gray suit matched the car. He leaned down to kiss the person in the driver's seat and I saw a flash of long auburn hair ... Then he strode briskly towards the hospital."⁴³

Professor Stembridge, the new Chief of Neurosurgery is equally well groomed:

"Wearing a tailored lab coat, his trim body looked tight as a compressed spring. His blond hair was modishly styled and he cultivated a full mustache."⁴⁴

Dr. Chris Troeger, the chief neurosurgical resident, is still on the hospital payroll but he will soon be joining his colleagues in their flourishing practice. Troeger

"had pale blue eyes and combed hair with a ruler-straight part so that now, in his middle thirties he retained a clean college freshness. [He] looked as if he once had played varsity football."⁴⁵

Undesirable Traits: Attitude to "Casualties."

Hejinian's outwardly beautiful people⁴³⁻⁴⁵ behave with a degree of ruthlessness that would reflect credibly on SS officers in the German army during World War II. They operate on the flimsiest indications,⁴⁶ they experiment on living human subjects^{47, 48} and they are ready to "harvest" organs before the patients have died.⁴⁹ They show no signs of recognizing that their activities may be

* "Bloody struggles" do not necessarily end in victory. Dr Gruner dies from a ruptured cerebro-vascular malformation despite Dr Cosbie's attempts to reduce the blood flow to the area.³⁹

meddlesome, harmful or even lethal. On the contrary they see themselves as the only alternative to the neurologists who "talk all day" ⁵⁰ and who neglect to transfer patients with multiple cerebral metastases to the neurosurgical service.⁵⁰

Sinclair Lewis likens the disagreeable mannerisms of his surgeons to the conduct of "captains of industry."⁴¹ According to Lewis, surgeons display

" the offensive briskness of the man who has numerous engagements or the yet more offensive quietness of the person who is amused by his inferiors. ... [They are] captain-generals of medicine, never doubting themselves; great priests and healers; men mature and wise and careful and blandly cordial." ⁴¹

Arrowsmith, who considers but rejects a career in surgery (see p. 61), both envies and despises these "military" and "executive" traits. He watches his classmate, Angus Duer, pursue his ultimate surgical goal with a ruthlessness that is totally lacking in other students. Duer with his "chill efficiency," ⁵¹ his "hard little mind" ⁵² and his "murderous impulses,"⁵³ is totally self-centered and "would walk to success over his grandmother's head."⁵⁴ He becomes a partner in a large, flourishing surgical practice, and marries "a rich young woman... of amber and ice ... [who] dressed with distinction ... spoke with finishing school mock-melodiousness⁵⁵ [and who, predictably, will help her husband] ... become president of the American Medical Association."

Dr Harry Hemitz, the surgeon in Green's *The Last Angry Man*,¹⁸ is a pale Jewish imitation of the very waspish Angus Duer, but the ruthlessness and the selfishness of the two men are equally repulsive. Hemitz has acquired "a disdainful absence of emotion".⁵⁶ He is happy to cultivate friends and to discard them when they are no longer useful to him. Within a few days of having obtained his first surgical appointment he is coolly dismissive towards his former chief whose shoes he would previously have polished if the chief had asked. "It was amazing what the first taste of blood did to them."⁵⁷

Havard⁵⁸ is less severe on his surgeons but he also stresses their "military" attitude towards subordinates and their apparent acceptance of occasional "casualties" ("There's always a little blood."). The surgical philosophy of Havard's Dr Michael Brookes includes axioms like "you've got to be a bit of a bastard ... to be a good surgeon"⁵⁹ and "a low profile and surgical ambitions are

contradictions in terms." ⁶⁰ More importantly, a surgeon has to remain undeterred by the death of some of his patients. ⁶¹

"If someone dies after an operation you've done, an operation for something a bit troublesome but certainly not life-threatening - say a young breadwinner drops dead from a pulmonary embolus ten days after you've done his varicose veins - then you've got to be able to advise that same operation to an identical patient who walks into your clinic two days later and look him straight in the eye ... And I'm not talking about courage [or] technical ability which is what most people think surgery is all about. It's to do with the ability to harden your heart and not sit around thinking of the widow and orphans of the man who would have been still alive except for your advice."⁶¹

Bullying; Sexual Harassment.

The military attitudes and aggressive tendencies of the "lion-hearted"¹ surgeon give rise to several other undesirable characteristics. Ritual bullying and harassment of junior staff members (see Book 2, pp. 84-6) are particularly rife in surgical units. Obviously, the surgeon is (and has to be) totally in charge of the operating room especially at times when it is "pulsing and alive."⁶² When dealing with acute emergencies such as abdominal injuries⁶³ and faced "with a belly full of blood" he may have to decide "within seconds whether to take out the battered and bleeding spleen, go after the lacerated liver, clamp the torn vena cava or start with the hole in the renal artery."⁶⁴ Such terrifying circumstances are rare in civilian practice, but some surgeons nonetheless behave as if they were working under battlefield conditions. They berate their assistants (see Book 2, p. 86), they make impossible demands, and if they feel so inclined, they fling pieces of equipment in various directions (not necessarily aiming for the wall). * Cook⁶⁶ describes one Dr. Cowley, an attending surgeon, who deliberately drops an entire instrument tray on the floor and "it was only with great self-discipline that [he] had curbed his inclination to hurl the scalpel at the anesthesiologist."⁶⁷

Resident abuse, instrument throwing and tray dropping are also described by Richard Gordon,⁶⁸ Alan Nourse⁶⁹ and Arthur Hailey.⁷⁰ Here is Richard Gordon's Sir Lancelot Spratt harassing his assistants during one of his performances:

'Now look here Stubbins, can't you and Crate keep out of each other's way? Your job is to use that gauze swab sensibly, not wave it around like a Salvation Army banner. How the devil do you think I can operate properly if

* "There was a time when this sort of tantrum was not only permissible but ... admirable. One smiled as one smiles upon a clever brat."⁶⁵

everything is wallowing in blood? Why am I always cursed with assistants who have a couple of left hands?’ Sir Lancelot was handed a pair of forceps, which he looked at closely, snapping them together in front of his mask. For some reason they displeased him so he threw them over the heads of the crowd at the opposite wall. This caused no surprise to anyone and seemed to be one of his usual habits.⁷¹

Nurse’s Dr. Nathan Slater⁶⁹ is a little less aggressive than Spratt^{68, 71} but the surgical prima donna syndrome is clearly recognizable. “During surgery ... [he fusses] about this and that, snapping at people, never satisfied that anything is quite the way he wants it.” Slater’s antics go through a set pattern. First, he criticizes the anesthesia resident and calls for the chief of the department to come and fiddle with the machines. Then it is the turn of Maggie Wren, his hand picked scrub nurse.⁶⁹

He was tying something with silk suture deep down in the abdomen and the suture broke. So he asked Maggie: ‘What size is that silk? I wanted 4.0.’ So Maggie says, ‘Yes that’s 4.0.’ ‘Oh, are you sure it isn’t 3.0? It feels too big for 4.0.’ ‘No doctor, it’s 4.0.’ Well, let me see the package it came out of. It feels like 3.0.’ So Maggie has to go fish around for the package and hold it under his nose, and, sure as hell, it says 4.0 on it.

Slater has to have the last word: “It feels just like 3.0 to me.” After four hours of this sort of exchange, working all the time, Slater’s assistants are physically and emotionally drained, while he bounces out the door in search of new surgical adventures.⁶⁹

Some senior surgical residents have to endure ritual abuse almost to the end of the training period.⁷² Dr. Henry Ruggles (“Hank”), a competent and steady fourth year surgical resident, is allowed to make decisions and to perform surgical operations on his own but this degree of independence does not protect him from the constant uncomplimentary remarks of Dr. Slater⁷² who is working in an adjacent operating room. Slater wanders in and out of Hank’s room, tells him to go ahead but then returns and grumbles:

‘Jesus, Hank, are you still working on that case?’ [and later,] ‘Good Christ, have you got your hand stuck in there or something? What’s taking you so long?’ And then he would sort of half –laugh and say, ‘No, you just take your time and do a good job ... but why the hell don’t you hurry up?’⁷²

Dr Curt Mannerheim, Chief of Neurosurgery at a University Hospital in New York City,⁷³ the epitome of the foul-mouthed, foul-tempered, dictatorial surgeon, is referred to by the operating room nurses as "Napoleon." He allows Dr George Newman, his chief resident, to raise a cranial

flap, as the first step in a temporal lobe resection,⁷⁴ but he now

burst into the operating room like a bull into the ring. The congenial atmosphere changed instantly. Darlene Cooper handed him a sterile towel. Drying one hand then the other and working down his forearms Mannerheim bent over to look at the opening in Lisa Marino's skull. 'God dammit, Newman,' snarled Mannerheim. 'When are you going to learn to do a decent craniotomy? If I've told you once I've told you a thousand times to bevel the edges more. Christ! This is a mess.' 'I' ... began Newman. 'I don't want to hear a single excuse. Either you do it properly or you'll be looking for another job.' ... Nancy Donovan was standing at his side to take the towel but Mannerheim preferred to throw it on the floor. He liked to create havoc and like a child, demanded total attention wherever he was. And he got it. He was considered technically one of the best neurosurgeons in the country ... 'All right, let's get this show on the road,' said Mannerheim. 'Dural hook and scalpel.'⁷⁴ [During the operation there is an accidental breakdown in sterility.⁷⁵] Mannerheim was furious ... Even the presence of foreign visitors did not temper his anger. Newman and Lowry suffered the greatest abuse. It was as if Mannerheim felt they had deliberately schemed to cause the problem. He pounced on one of the residents. 'If you'd rather do something else when you grow up, tell me. Otherwise hold the retractors so I can see.'⁷⁵

Sexual harassment of nurses and women doctors is obviously not a prerogative of surgeons (see Book 4), but the operating room provides an environment highly conducive to such activities.⁷⁶ Dr. Trevor Davis, one of the most obnoxious fictional doctors⁷⁷ happens to be a surgical trainee. Davis engages in particularly repulsive verbal harassment of a nurse, making obscene references, in public, to her menstrual periods.⁷⁸ He is subsequently charged with rape and suspended from his hospital duties.⁷⁹

Insensitive Behavior

Poor communication skills are not confined to any particular specialty, but the syndrome seems exceptionally severe among surgeons, some of whom barely attempt to reassure their patients or to explain what they are doing (see also Book 1, p. 61, and p. 208). Indigent patients are treated (and expect to be treated) with a total lack of compassion. Charlotte Bronte⁷⁸ mentions "poor patients at the hospitals [who] tremble before... pitiless and selfish surgeons."

Dr Archer, the surgeon in *His First Operation*⁸¹ addresses the audience in his "theatre" in medical jargon, he talks about his patient in her presence as "an interesting case of a parotid tumour" and he clearly treats her as an object to be discussed and dissected. "Have the small saw ready in case it is

necessary to remove the jaw." The performance is sufficiently comprehensible to the conscious patient to cause her a good deal of anguish. A young medical student faints as the surgical plan is discussed.⁸¹

Sir Lancelot Spratt in Gordon's *Doctor in the House*⁸² displays a similarly flagrant insensitivity at the bedside of an elderly man who serves as "teaching material" and who is "reassured" prior to the performance:

'You just lie still old fellow,' [Sir Lancelot] boomed cheerfully at the patient. 'Don't you take any notice at what I'm going to say to these young doctors. You won't be able to understand a word of what we're talking about anyway. Take his pyjamas off, Sister.'⁸²

He then draws a "broad, decisive" line with a red grease pencil on the patient's chest and abdomen to indicate the monstrous incision he intends to make the next day.

Dr Alester Ravelston Orr,⁸³ a Scottish version of Sir Lancelot Spratt⁸² demonstrates the same "syndrome" with a Mrs. Calder who is due to have a mastectomy the next day and who is displayed, bare-chested, to the surgeon and his retinue. After performing a "firm and fearless" (= brutal) examination of the breasts and axillae, and addressing various comments to his assistants regarding the unfavorable features of the case, Ravelston Orr speaks to the patient for the first time:

" ' Bit of trouble on the left. Fix it for you tomorrow. Right?' 'Will you be taking the whole thing?' ... 'Just the breast. The left one. The patient blinked and sniffed. He patted her breasts and growled: 'At your age, my dear, they're a biological irrelevance. And the rubber things are quite good now ... Less trouble in some ways than the real thing. Especially from our point of view.' He grinned fiercely, stood up and swept away, leaving Mrs. Calder sobbing."⁸³

Even kind surgeons may answer their patient's questions in monosyllables.⁸⁴ Ailie Noble, a simple, dignified carter's wife has been admitted to "Minto House" hospital with a rock-hard right breast.

"Next day ... the surgeon examined Ailie. There was no doubt [her breast cancer] must kill her and soon. It could be removed - it might never return— it would give her speedy relief - she should have it done. She curtsied, looked at James and said 'When?' 'Tomorrow,' said the kind surgeon, a man of few words." (The patient dies a few days after the operation.)⁸⁴

Nurse's prominent Chief of Surgery, Dr. Nathan Slater,⁸⁵ despite his volubility in the operating room, (see pp. 67 and 83) lacks the necessary skills to convey bad news compassionately. During one of his hurried Saturday morning visits to the hospital he is approached by a patient's son and daughter who want to know what he had found the day before, when he had operated on their mother.

"He told them very briefly and impatiently that he'd found cancer all over the place, and that maybe the X-ray people would be able to do something for her after they got the pathology report back, but that he doubted it and on down the stairs he went."⁸⁵

Dr. Spencer,⁸⁶ a "brusque no-nonsense" surgeon impresses his patients and their families with his "direct questions and quick decisions,"⁸⁷ but spends very little time explaining the principles of a nephrolithotomy or the possible complications of this operation. He does not even exchange two words with the patient's husband, a New York police inspector.

"Delaney had followed the surgeon out into the hall. 'Do you anticipate any trouble, doctor?' The surgeon looked at him coldly. 'No,' he said."⁸⁷

The inspector is not in the least put out by this laconic reply and continues to express his full confidence in the surgeon. (Mrs. Delaney goes on to have a nephrectomy and dies of septicemia in the postoperative period.⁸⁶)

This "surgical" behavior continues to the present day. Irving's Dr. Nicholas Zajac, the twenty-first century hand surgeon⁸⁸ while not quite as terse as Dr. Spencer,^{86,87} is by no means a good communicator. His "manners when introducing himself, were (in a word) surgical." Zajac's patient, a famous one-handed television personality, is told nothing about the desirability, the complexity or the ethics of a hand transplant operation. Instead, Dr. Zajac announces: "The first hand I get my hands on, you can have."⁸⁹

Variations on the theme of the poor communication skills of surgeons seem endless. The Seattle emergency ward surgeons⁹⁰ are totally clueless when they have to deal with "Baby Sister," who

comes from the Georgia mountains, via a California hippie commune. Baby Sister has biliary colic but does not want a surgical operation. Wouldn't it be possible to "flush" her gall bladder with olive oil and yellow root? One of the surgeons who "sounded like he might have been from Harvard or Stanford or some snotty place like that" replies facetiously: "Yellow root? My good woman, we do not have the time nor the inclination for an experiment with folk medicine. You're seriously ill and surgery is your only option." The patient leaves without signing an A.M.A. form, and goes back to Georgia, where mother administers the "gall bladder flush." There are no further attacks of colic but radiological studies to confirm the disappearance of the stones are not performed.⁹⁰

Francesca Louise Dietrich ("Kessa"), the anorexic teenager in Levenkron's *The Best Little Girl in the World*,⁹¹ goes through multiple unsatisfactory encounters with doctors (see Book 1, pp. 228-9). Her surgeon is Dr Meyer, who has been summoned to insert a central venous line.⁹² Meyer makes no attempt to gain the confidence of this intelligent, obsessive, hostile and frightened girl. He talks about her rather than to her. He regales his retinue with a funny story about his own childhood. At the end of the procedure

he turned to Kessa and stroked the top of her head. 'Take my advice. Eat through your mouth. It's a lot easier.'... As Dr Meyer turned to leave, Kessa spoke for the first time. 'How much weight will I gain?' Meyer looked at her in disbelief. No matter how many of them he worked on, he could never understand them. 'You'd better ask Dr Donaldson about that. I'm just the plumber.'

In the long term, Dr Meyer's gruff and insensitive approach probably does no more harm than the punitive anorexia regimen prescribed by the "experts." His central venous line saves her life, at least temporarily.⁹²

Dr. Curt Mannerheim,⁷³ the neurosurgical prima donna (see pp. 67-8) provides a brief summing up of his relationship with the patients. "Of course I play God. Who do you think the patients want screwing around in their brains, a garbage man?"⁹³

Surgeons as Miserable Teachers.

The surgeons' preference of action over conversation, and their habit of giving orders rather than providing explanations, is reflected in their poor teaching skills. In Melville's amputation scene¹³ Dr Cadwallader Cuticle asks his juniors who among them would like the special "treat" of sawing through a sailor's femoral shaft.

"Several volunteered... Selecting one, Cuticle surrendered the instrument to him, saying 'Don't be hurried now, be steady.' While the rest of the assistants looked upon their comrade with glances of envy, he went rather timidly to work ... Cuticle ... suddenly snatched the saw from his hand. 'Away, butcher! You disgrace the profession. Look at me!'"¹³

Cuticle makes no attempt to explain to the assistant surgeon where he went wrong or how he might improve his technique. He is impatient with the inexperienced, nervous young man and unable to establish any kind of teacher-student relationship.

Noah Gordon's Dr Hostvogel, the famous Atlanta surgeon,⁹⁴ also lacks teaching ability so that residents who flock to him for training come away disappointed.

Being Hostvogel's resident wasn't as good as it sounds. The great man loves to operate. House officers down there hardly get to hold a knife...He doesn't do it out of meanness. It's just that if any cutting is to be done, he can't give it up. Maybe that's what keeps him a great surgeon.⁹⁵

Even academic surgeons teach unwillingly or poorly or both. Francis Roe's Dr. Janus Frankel⁹⁶ (see also p. 301) has a set formula to introduce himself to a new group of students.

'I'm Assistant Professor in this department and it's my unhappy lot to be in charge of student teaching.' ... [Frankel's] method was to ask questions until the students ran out of answers, then zero in on the question that had stumped them.⁹⁷ [He applies the same technique in the Operating Room:] 'This group of veins, here what's that?' [The students have no idea.] 'It's called the pampiniform* plexus. Didn't you people learn anatomy a year or two ago or is that no longer on the curriculum?' Frankel was happier now he'd found something they didn't know about. 'You, how do you think the pampiniform plexus got its name?*' [The selected student, who has a sense of humor and an original mind, makes up an

* The intertwined veins of the testis look like tendrils of a plant (pampineus = consisting of tendrils).

answer on the spot] 'It was named after Professor Pampini of the University of Genoa.' [Frankel is not amused.]⁹⁷

Poor teaching skills are also mentioned by Robin Cook who describes surgeons as "juveniles in adult clothing"⁶⁷ (see also footnote p. 66). Cook implies that quite apart from the inherent difficulties associated with the teaching of operative techniques, the "surgical" personality traits (aggression, impatience, immaturity and inability to let go) get in the way of successful relationships between trainers and trainees.

High-Tech Cave Men.

The phenomenon of the capable doctor, who takes little or no interest in subjects outside medicine, is discussed in detail in Book 2 of this series.⁹⁸ The syndrome was originally described in an internist⁹⁹ but it appears more prevalent and more severe among surgeons than amongst other types of doctors. Drs. Jesse Vogel,¹⁰⁰ Curt Mannerheim,⁷³ Kevin Redden¹⁰¹ and Hugh Franciscus ("the archetype of the professor of surgery")³³ are all talented surgeons but none of them is capable of reading a book. Multiple other surgical specialists are portrayed as aggressive and rude technicians who lack "culture" and "refinement," and who feel more comfortable deer-hunting³³ or watching a football match than at a symphony concert or in a library. Benjamin Mead¹⁰² who has been training to be a surgeon since the age of five (see Chapter 1, p. 16 and p. 20) considers himself a practical man, clearly differentiated from his classmate Alexander Ashby, the future internist and researcher. Ashby is "always looking down a microscope." He is "as full of whys as a bedbug is of blood." Mead has no time for Ashby's intellectual curiosity. He would rather have "a nigger with a knife in his belly than all the slides in the Pathological (sic) Building."¹⁰²

Michael Crichton¹⁰³ speculates that this so-called surgical behaviour derives, in part, from the brutalized barber-surgeons who accompanied armies to war, and from 19th century military doctors who were able to amputate an arm in 35 seconds "with three strokes of the knife."¹⁰⁴

"If surgeons no longer give haircuts, they still accompany armies. Wars give them vast experience ... Of all doctors young surgeons are the ones who least object to being sent to the battlefield. For it is there that surgeons and surgery have traditionally developed, innovated and matured. All this does not make surgeons either pro-war or anti-peace. But the historical background of their craft does give them a somewhat different outlook from other doctors."¹⁰³

Captain Hawkeye Pierce¹⁰⁵ and his swashbuckling musketeers with their weird sense of humor, their primitive practical jokes, their drinking habits and their total lack of interest in any intellectual pursuits¹⁰⁶ barely deserve a mention in a catalog of serious fictional doctors. These macho clowns resemble the medical poltroons in Molière's comedies – with one major difference: Unlike Molière's doctors, Hawkeye and his "Swampmen" are capable, between boisterous adventures, of functioning as an efficient surgical team.¹⁰⁶ Significantly, Hawkeye and his boon companions work as army surgeons under battlefield conditions and while they might conceivably function in civilian circumstances (especially in a VA Hospital setting) they would be incapable of providing advice or comfort to patients with non-surgical disorders, let alone emotional problems. Hawkeye himself recognizes his limitations when he refuses to examine soldiers with suspected gonorrhea.¹⁰⁷ "Let the pill-rollers do it. After eighteen months of being one of their knife artists, I ain't going to be demoted."

The barber/horse gelder tradition also persists in the portrayal of some surgeons as unthinking uncouth technicians, considerably less "refined" than their more "intellectual," non-surgical colleagues. "I am becoming a lovely surgeon. ... I never think ... I operate" declares Hemingway's Dr Rinaldi sarcastically.¹⁰⁸

When Dr. Colenso Ridgeon, Shaw's research bacteriologist¹⁰⁹ comments on the paradox of a sick doctor, Dr. Cutler Walpole, the "cutter", trivializes the discussion by comparing it to "a bald man trying to sell a hair restorer"¹⁰⁹ (see also Book 2, p, 201). Dr. Joe McCloskey in Slaughter's *Doctors' Wives* is described as "a small prematurely bald man with courtly manners and a degree of kindness and tolerance somewhat unusual in a urologist."¹¹⁰

Another of Slaughter's surgical characters, Dr Ed McDougal, from Texas,¹¹¹ deliberately flaunts his "earthy" origins, much to the chagrin of his wife, a former nurse, who has become gentrified since moving upwards on the social scale. The McDougals are breakfasting during an airplane trip on their way to a medical convention.

" 'Boy this looks good!' [Dr Ed McDougal] tucked the corner of his napkin into his shirt front just beneath the collar and tore the end of a small envelope package of sugar, letting it trickle into the steaming cup of coffee ... 'Do you have to eat like a farmhand?' ... 'That's what I started out as.' Ed was feeling too good to let Hannah and her chronically bad

temper spoil his day. 'Might go back to it too - after I make my pile.' 'Don't count on me being with you.' 'Suit yourself.' The big surgeon with the shock of graying red hair buttered a piece of toast and popped it whole into his mouth. 'You wouldn't miss me at all.' Hannah's tone was petulant. 'Oh, I'd miss your bitchin.' He tackled the scrambled egg and sausage ... 'You used to be good in the hay -' 'Do you have to broadcast it to the world?' she hissed ... 'Champagne for breakfast! This is the life!' Ed picked up Hannah's empty glass with his own and held them while the girl filled them both, then handed Hannah's to her. 'To the old days, dear.' He touched his glass to hers and emptied it in one swallow holding it out for the stewardess to refill when she turned from serving those on the opposite side of the aisle. 'Do you have to be such a pig?' Hannah said furiously under her breath as the girl moved down the aisle. 'The way you embarrass me.'¹¹¹

The table manners and conversational skills of Dr. Stephen Courtney-Briggs, a British surgeon in one of PD James' novels,¹¹² may be superior to those of his Texan opposite number,¹¹¹ but to Inspector Adam Dalgliesh (who writes poetry in his spare time), the coarseness of this “successful” surgeon is not very different from that of a successful auctioneer. Dalgliesh and one of the nursing supervisors (Miss Rolfe) are walking through the emergency department of a community hospital when Courtney-Briggs sweeps in.¹¹³

He was followed by half a dozen ... junior staff, white-coated and with stethoscopes slung around their necks. The two on each side of him were nodding in deferential attention as the great man spoke. Dalgliesh thought that he had the conceit, the patina of vulgarity and the slightly coarse savoir faire which he associated with one type of professional man. Miss Rolfe said ... 'Vanity Mr. Dalgliesh, is a surgeon's besetting sin as subservience is a nurse's. I've never yet met a successful surgeon who wasn't convinced that he ranked only one degree lower than Almighty God.'¹¹³

Even Dr Frank Boyd,¹¹⁴ the State President of the College of Surgeons, and power broker in the Adelaide medical establishment, cannot quite overcome the “barber surgeon” tradition of boorishness at social functions. Boyd, product of the private school system, wine connoisseur and bearer of elegantly wrapped birthday gifts¹¹⁵ inserts snatches of Shakespeare into his “life of the party” repertoire. “To eat or not to eat,” he brays. “Once more into the courtyard”¹¹² (see also p. 90). Boyd's surgical skills (if any) are not revealed but his social skills are certainly unsatisfactory. He is noisy, indiscreet and unbelievably self-satisfied.¹¹⁵

Elizabeth Jolley¹¹⁶ uses a surgeon's son to highlight the vulgarity that seems to come with a surgical career. Dr Rodney Glass and his family are eating lunch at a friend's place. During the meal, fifteen-year old Peter Glass suddenly tells a riddle:

'What is brown and crawls up your leg?' he asks across the table ... Everyone agrees they can't think of the answer. 'A homesick shit.' For a moment there is a horrified silence and then Rodney tells his son to leave the table ... at once. 'Go and sit in the car!' he says, anger and embarrassment making him inarticulate. [Laura, the hostess, intervenes.] 'I don't want to fly in the face of authority, Rodney ... [but] I think Peter should stay at the table. It seems to me he can't escape from having all the ... inherited qualities for the making of a surgeon. In a few years' time ... he will be a tremendous asset at faculty dinners.' [Dr. Glass is unable to find fault with these sentiments and Peter is allowed to stay.]¹¹⁷

Bernard Shaw,¹⁰⁹ Noah Gordon⁹⁴ and Walker Percy¹¹⁸ all portray their surgeons as ignorant of even the most rudimentary physiological and statistical principles. Dr. Cutler Walpole¹⁰⁹ (see also p. 74) may be a skilful surgeon but he removes "nuciform sacs" from patients whose symptoms cannot, by any stretch of the imagination, be attributed to intra-abdominal pathology. Fortunately, the placebo effect of a surgical operation sometimes produces unexpected results so that one of his patients, a husky opera singer, recovers her voice after a "nuciformectomy"¹⁰⁹ (see Volume 1, p. 162). Noah Gordon's Doctor Hostvogel,⁹⁵ in addition to his poor teaching abilities (see p. 72) also has problems with statistics. One of his former residents recalls

" a medical society meeting when he announced that because of a surgical technique of his invention, only three prostatectomies in a thousand developed trouble and this old redneck surgeon ... stood up and drawled 'Yeah suh, an' all three of 'em are my patients.' "⁹⁵

Walker Percy's Dr Wills Bolling¹¹⁸ "took out just about every uterus in Feliciana Parish" because "that year ... everything was endometritis."

Surgeons and Other Doctors.

Naturally, the "aristocrats of the profession"⁴ look down on their non-surgical colleagues. They, in turn, reciprocate by listing the undesirable personality traits of surgeons, by denigrating them as mere mechanics, or by condemning the entire craft of surgery as "the greatest proof of medicine's failure."¹¹⁹ Lord Frederick Sandray, the master politician in Wilson's *Hall of Mirrors*¹²⁰ visualizes surgeons as

“a pack of blood and thunder, cut and thrust bombastic dunderheads ... the cavalry officers of medicine, dashing and romantic, useful to impress the simple-hearted but totally unimportant when there was any serious business to be done.”¹²¹

Surgeons lose no more sleep over such comments than did medieval knights over their inability to read. Their contempt for the “lower orders” encompasses almost all non-surgical members of the profession including family practitioners,^{87, 109} (see also Book 2, p. 64) psychiatrists (see Chapter 4, p. 114), dermatologists (see Chapter 5, p. 136), anaesthetists (see pp. 79-80 and Chapter 5, p. 158-9) and gynaecologists¹²² (see Chapter 5, p. 138-9). From the vantage point of surgeons, internists and subspecialists in internal medicine rank a little higher than some other colleagues in this catalogue of nonentities (see p. 78) but not much higher. Wilson’s Dr Dudley¹²³ a “sound and competent neurosurgeon” makes no attempt to temper his offensive behaviour even when dealing with some of England’s most prominent physicians.

Fictional surgeons may declare with mock-humility that they are just “carpenters”¹²⁴ or “plumbers”⁹² but the obvious insincerity of such remarks may be gauged by the intolerance of surgeons towards any general practitioner who feels inclined to dabble in a little “carpentry” or “plumbing.” Dr. Charles Bovary¹²⁵ who attempts to correct a talipes deformity after reading an article in a medical journal, is treated with absolute derision by the consultant who is called in to deal with the disastrous complications.¹²⁶ Bernard Shaw’s surgeon, Cutler Walpole expresses the view that “These damned general practitioners ought never to be allowed to touch a patient except under the orders of a consultant”¹⁰⁹ (see also Book 2, p.64). The time when general practitioners could hold a surgical appointment at a hospital and gradually reduce their general work as their surgical referrals increased, came to an end in the 1920’s when Chris Arden, the surgical hero of Mary Rinehart’s novel¹²⁷ finally put into practice¹²⁸ what he had believed all along: “If a man was going to do surgery he ought to do nothing else.”¹²⁹

Non-surgical or semi-surgical specialists are regarded by surgeons as less committed and less competent than themselves^{109, 126} and are abused or patronized as the situation indicates. Gynecologists, who lack the brains and the dexterity to make it into mainstream surgery, and whose repertoire of operations is limited, are held in particular contempt.¹²²

Much has been written about the “team approach” in some surgical disciplines particularly cardiac surgery and neurosurgery.¹³⁰ While surgeons may pay lip service to this scheme, at least some of them regard (and treat) the other team members as hired hands, of no more account than physiotherapists or social workers. When Dr. Martin Philips,¹³¹ the assistant chief of neuroradiology, wants to warn the neurosurgeon (Dr. Mannerheim) about an abnormality of the posterior cerebral artery in one of the patients, he is firmly put in his place by the aggressive surgeon.: "I'm a busy man. I'm taking care of real patients, not sitting on my ass looking at pictures all day"¹³¹ (see also Chapter 5, p. 162). When Philips repeats his warning in the operating room, Mannerheim unceremoniously orders him to leave: " 'Dr Philips, would you mind taking yourself and your X-rays out of here so that we can finish the operation?' He follows up with a gratuitous insult: 'When we need your help, we'll ask for it' "¹³² (The patient dies on the operating table from an intracranial hemorrhage.)

Cook's surgeon-ophthalmologist encounter involves more junior individuals and is less brutal but the message is the same. The ophthalmologist makes a perfunctory after-hours appearance in the emergency room,¹³³ where, to the disgust of the surgeon, he is unable to tell why a patient is unable to see and fails to perform a crucial test. The characters in this little scene include Dr Sean Farnsworth, resident in Ophthalmology, the patient, who complains of vague, intermittent visual symptoms, Dr Thomas the Neurology Resident and Dr Ralph Lowry, the Neurosurgical Resident. The ophthalmologic examination is normal.

'What about the visual fields?' asked Dr. Thomas. Farnsworth got to his feet preparing to leave. 'Seem normal to me. Tomorrow we can have a Goldmann field done but we don't do them on an emergency basis' ... Picking up his suitcase of instruments, the ophthalmologist left the room ... 'Shit,' said Dr. Lowry, 'if I have one more goddam prissy eyeball resident tell me they don't do Goldmann fields at night I think I'll punch him out.' 'Shut up Ralph,' said Dr Thomas 'You're starting to sound like a surgeon.'¹³³

On the other hand, the pediatrician in *The Hospital Makers*,¹³⁴ who refers cases to the surgeon, is patronized. After operating on an infant with pyloric obstruction the great man gives his colleague a pat on the back:

'You'll take care of the feeding and the formula, of course. That sort of thing is completely above our heads.

Personally, I can't make head or tail of it.' He made infant feeding sound like quantum mechanics.¹³⁵

When one of his patients dies in the immediate post-operative period, or when he is called to deal with an emergency in the middle of the night, a surgeon may declare with mock-envy, "I should have been a dermatologist."^{136, 137} Such announcements are not meant to indicate that the surgeon regrets his career choice and that he would prefer spending the rest of his days freezing hyperkeratoses and prescribing ointments for itchy patients. On the contrary, he implies that his responsibilities are considerably greater than those of his humble dermatological colleagues, and he re-states, in modern terminology, the Shakespearean concept that sleep comes more easily to "loathsome beds" than to the king's couch, and that "uneasy lies the head that wears a crown."¹³⁸

While fictional surgeons regard psychiatrists (see Chapter 4, p. 114) and dermatologists (see Chapter 5, p. 136) as more or less superfluous, pathologists are essential for quality control, and indispensable for the practice of surgery (see also Chapter 5, p. 154). Indeed, pathologists provide surgeons with the stamp of approval, in much the same way as the Church legitimized the activities of medieval rulers. In each case, relations between members of the two disciplines are liable to become strained. Some fictional surgeons regard pathologists as fussy and pedantic time-wasters, who occasionally have to be reminded where real medicine is practiced.

Dr Wilbrahim Stringer,⁹⁶ whose arrogant and aggressive behavior is excessive even by surgical standards, makes no secret of his contempt for pathologists. To Stringer, pathologists are "chair-borne slide shufflers" and "ass-bound bureaucrats"¹³⁹ especially when they point out his diagnostic errors. (Stringer may have had his own reasons for detesting pathologists — his father, a distinguished pathologist¹⁴⁰ had been notorious for his promiscuity¹⁴¹ *see* Book 2, Chapter 1).

If, in the surgical cosmos, the surgeon is regarded as the king, the dermatologist as the clown and the pathologist as the priest (occasionally as the "meddlesome priest"), the anesthetist is almost invariably cast in the role of the faithful servant.¹⁴² He is often a foreigner³⁷ with exotic mannerisms and imperfect English (see p. 63 and Chapter 5, p.157-8). He sits quietly at the head of the table where his presence is so routine that for most of the time no one takes any notice of him.¹⁴³ He joins (or pretends to join) the nurses in laughing at the surgeon's bad jokes.¹⁴⁴ He is praised when things go well, he is blamed when there is a disaster but there is never any doubt that

his status is subservient to that of the surgeon. Dr Frank Conway, the cardiac surgeon in Crichton's *A Case of Need*¹³⁶ has just presided over an intra-operative death and is now relieving himself of his anger and his frustration. Using a string of obscenities he declares to anyone who cares to listen that the disaster was entirely due to the incompetence of his anesthetist, Herbert Landsman.

"If I live to be a hundred...I'll never find a decent [anesthetist]. Never. They don't exist. Stupid shit-eating bastards all of them ... About four times a year the blame fell on Herbie. The rest of the time he and Conway were good friends. Conway would praise him to the sky, call him the finest anesthesiologist in the country ... But four times a year Herbert Landsman was responsible for ... a death on the table. 'Stupid stinking bastard,' Conway said."¹³⁶

Very rarely the anesthetist shows signs of mutinous tendencies, but even then he takes good care not to engage in open warfare. Dr Jeff Long in Slaughter's *Doctors Wives*,¹⁴⁵ "a brash young man...[and]the most capable anesthesiologist the hospital had developed in a long time," allows himself the luxury of making sarcastic remarks at Dr Whetstone's expense. Whetstone, an "attending surgeon who operated only occasionally at University [Hospital and] who was jealous of the treatment he received there,"¹⁴⁵ is unaware of Jeff's latent insubordination and there is no breakdown of law and order.

Non-surgical doctors, especially those with intellectual pretensions, retaliate against their prominent colleagues by pointing out the repetitive, mechanistic nature of surgical work. Dr Grover Aarons, the Pathology Professor in *Not as a Stranger*¹⁴⁶ who is showing his favorite medical student over the University Hospital, points to the suite of operating rooms and lets off a volley of anti-surgical sentiments consisting of a mixture of envy, frustration and a large element of truth:

'That's where the mechanics work,' Dr Aarons sniffed. 'That's what the movies play up ... In there is high drama, men in white fighting swiftly against death, flashing knives, blood flowing, mystery. In there is where little boys with pocket knives and thread do the same things over and over, by rote like mechanics.'¹⁴⁷

Martin Arrowsmith who is briefly attracted to surgery (see p. 61) changes his mind within 24 hours on the grounds that "surgery was all rot and most surgeons were merely good carpenters."²³

Elizabeth Jolley's Andrea Jackson,¹⁴⁸ the "mixed up" former teacher who leads a complicated

semi-lesbian, semi-incestuous love life, looks down her nose at the “tradesmen of the operating room” especially the “straight” surgeons Drs Rodney Glass and Michael Fort. "A carpenter knows where to make a hole for a screw. Surgeons Glass and Fort, ordinary men, clever with their stubby hands, holding lives in their hands like screws with carpenters."¹⁴⁸ In the case of Dr. Glass, Andrea's intellectual condescension is entirely misplaced. He is not only a skilful surgeon, he is a kindly practical man who befriends a de-registered medical colleague after her release from jail and helps her reorganize her life. This de-registered gynecologist, another lesbian, shows some grudging appreciation of Dr. Glass. "Thank God there are Rodneys" she writes, "even though it's the only thing we can say about him."¹⁴⁹

Ellison's allegorical science fiction tale¹⁵⁰ likens the unthinking surgeons to mechanical robots, which can function "in complete darkness." Unfortunately, these machines with their tentacles and pincers and their "inflectionless voices" arouse fear and hatred among patients who would rather die at home than submit to the ministrations of “them metal things.” The robotical surgeons operate efficiently and at great speed but their communication skills are non-existent. Their inability to detect different emotions in human voices makes them incapable of providing encouragement to patients at critical times.

Academic Surgeons (see also pp. 72 and 293).

Naturally, surgeons in private practice have little affection or respect for their university colleagues. Indeed, the dislike of practicing doctors for medical academics is particularly strong amongst surgeons (see also Book 2, p. 68). The anti-intellectual Dr Stringer,⁹⁶ who detests pathologists (see pp. 79 and 154) is equally contemptuous of surgical academics.¹⁵¹ Stringer

one of the 'town surgeons' was an outspoken critic of [academic headship] and called the academics the 'non-surgical surgeons'. 'Who the hell are they to tell me what I can do and what I can't do?' he liked to ask his colleagues. "Those guys ... are lucky if they do a case a week, what do they know about surgery? They should stick to their teaching and research and let us take care of our own problems."¹⁴⁰

Dr Walt Eagleton,³⁶ another of Roe's surgeons (see also p. 63) seems somewhat less aggressive than Stringer, but when he remarks: "We private surgeons are mostly modest, quiet people, happy to pick up a vacant slot when you academics are kind enough to leave us one,"¹⁵² he obviously has

his tongue in his cheek. Eagleton and his fellow “merchant surgeons” regard academics as competitors and make sure that these alien intruders do not attract too many paying patients.

The competition for patients with insurance was fierce. The city doctors like Walt Eagleton and his internist colleagues referred all insured patients to one another leaving the academics to take care of the poor and uninsured. As the private surgeons drove to their luxurious suburban houses in their Jaguars and Mercedeses they'd check the emergency room from their car phones ... Occasionally an insured patient would show up causing the surgeon to make a fast U turn and hightail it back to the hospital to claim the patient before he or she was snatched up by one of the academic teams.¹⁵³

Rituals of the Operating Room

Several hospital novels discuss the sacrificial ritual of the operating room. Robin Cook's operating table is "a narrow ugly piece of equipment, reminding Lisa of an altar for some pagan rite."¹⁵⁴ As the patient is being draped, the atmosphere of the operating room changes.

There was now something of the suppressed excitement that accompanies the dressing of the bride on her wedding day.¹⁵⁵

P.D. James¹⁵⁶ describes two police officers interrogating Dr Stephen Lampart, a suspect in a murder case. They discover that Barbara Berowne, Lampart's lover and widow of the murder victim, sometimes watches him from the visitors' gallery as he performs surgical procedures.

" 'Is that something she often does? Watch you operate?' 'It isn't uncommon. It's a fancy she has,' he paused and added, 'from time to time'. They were both silent ... So that was how she got her kicks. That was what turned her on; watching masked and gowned, while his hands cut into another woman's body. The erotic charge of the medical priesthood. The attendant nurses moving in patterned ceremony about him ... and afterwards, watching while he peeled off his gloves, held out his arms in a parody of benediction while an acolyte lifted his gown from his shoulders. The heady mixture of power, mystery, ruthlessness. The rituals of knife and blood."¹⁵⁷

Only the surgeon is allowed to determine how much chatter goes on during these quasi-sacrificial rituals.. Dawson's surgeon, a giant of the profession, operates in almost total silence.¹⁵⁸

My admiration for Carson, already great, grew into something like awe during that critical hour and a half. Not a word was spoken except certain curt directions; the silence was terrible. Those strong deft hands of his worked with

incredible swiftness and energy. At last he said, 'Now she'll do' and suddenly the tension broke.¹⁵⁸

By contrast, Conan Doyle's insensitive surgeon⁸¹ (see pp. 68-9) likes to gossip during operations. The anesthetist has hardly begun, when this surgeon starts a political discussion with one of his colleagues. "Narrow squeak for the government" he said.⁸¹ After some more political chit-chat conducted as informally as if the two were having a private lunch at a restaurant, the surgeon goes on to describe the mammoth incision he proposes to make.⁸¹

Some surgeons "shout abuse at nurses and assistants in language borrowed from the bar-room and the water front."⁷⁰ Others "wisecrack their way from the first incision to closure."¹⁵⁹ Topics of conversation range from "how things were last winter out in Palm Springs [to] how many suction cups [there are] on a squid's tentacles."⁷² Occasional jokes are told "with the fixed intent of embarrassing the scrub nurse"⁷² or a female resident,¹⁶⁰ while others have the anesthetized patient as their object of mirth. Dr George Wexler in Frede's *The Interns*¹⁴² explains, during a shoulder operation on a middle-aged woman, why he is using a particular incision: "So the scar'll be as small as possible in case this old bag ever decides to wear a low-cut evening gown, God forbid."¹⁴⁴

Sadistic Surgeons

Poor communication skills, an inability to use statistics, and an uncritical attachment to particular mechanical procedures are relatively minor blemishes. Much more sinister is the perception that all surgeons harbor a sadistic streak.¹⁶¹

What kind of man becomes a surgeon? More assassin than healer! One who responds with a bestial joy to the splitting of innocent flesh, whose own blood leaps and froths at the spillage of another. Yet all is garbed in ... grim respectability."¹⁶²

Tennyson's "coarse and red" surgeon¹⁶³ with his "big voice, big chest, big merciless hands" is more interested in "using the knife than in trying to save the limb." The nurses suspect him of belonging to "those who would break their jests on the dead."¹⁶³

Dr Cadwallader Cuticle, the senior naval surgeon in Melville's *White Jacket*¹³ likes to "declaim against the necessity that forced a man of his humanity to perform a surgical operation." But this is

a mere pose.

"The knife once in his hand, the compassionless surgeon... stood before you. Surrounded by moans and shrieks, by features distorted with anguish inflicted by himself, he yet maintained a countenance almost supernaturally calm [and] he toiled away untouched by the keenest misery..."¹³

After entertaining several surgeons from other ships with a spectacular thigh amputation, followed by anecdotes of other interesting cases, Dr Cuticle invites his colleagues to be present at the dissection of the limb the next day.¹³ "Tomorrow, at ten, the limb will be upon the table, and I shall be happy to see you all upon the occasion. Who's there?" turning to the curtain which then rustled. 'Please sir,' said the steward, entering, 'the patient is dead'. 'The body also, gentlemen, at ten precisely,' said Cuticle, once more turning around to his guests."¹³

Dr Benjamin Phillips,¹⁷ Danby's prominent London surgeon, "a living testimony of manual dexterity and moral recklessness,"¹⁶⁴ is motivated by "a terrible curiosity to unveil the mysteries of nature and [an] absolute disregard for human life." His "magisterial aphorism to his students runs: 'When in doubt, operate; you may save life, you are certain to acquire knowledge.'"¹⁶⁴

Michael Arlen's surgeon, Dr. Eugene Martel-Bonnard,¹⁶⁵ complements his arrogance and his rapaciousness with sadistic, almost murderous tendencies.

"[He] despised you if you differed from him, operated on you if you were fool enough, and robbed you according to a special system. ... Martel-Bonnard's wife wore a famous pearl rope of which it was said that each pearl had been bought at the price of a woman's life. [The storyteller would like to inflict a surgical revenge.] How one would have liked to operate on that sleek little man, unsuccessfully."¹⁶⁵

Dr Fritz Emmenberger¹⁶⁶ who subsequently becomes a concentration camp torturer, acquires his first taste of brutality when, as a medical student he has to perform an emergency tracheotomy. The operation is a life-saving procedure and a complete success. But "when Emmenberger made that cut ... his eyes were wide open ... and his face distorted. All of a sudden it seemed as if something satanic broke out of those eyes, a kind of overwhelming joy of torture."¹⁶⁷

Leon Uris' *QB VII*¹⁶⁸ also revolves around the activities of a concentration camp surgeon. Dr Adam

Kelno, who spends the Second World War performing inhuman experiments on prisoners, is obviously a psychopath, but, towards the end of the book, Uris makes one of his characters express the view that Kelno may not be an isolated case. "Surgeons are a strange breed and often as not, surgery fulfills their blood lust."¹⁶⁹

Muted versions of this theme are to be found in surgeons described by John Updike¹⁷⁰ and Robert Pack.¹⁷¹ Updike's surgeon¹⁷⁰ is no sadist but when there is a death in the house, he is made to play a macabre and somewhat ghoulish role. He seems to enjoy having to "pronounce" life extinct

"My wife's father, a surgeon, an intimate of death, went upstairs to the body. He came down, smiling and said there was no pulse, though the wrist was still warm."

The undertaker and the minister are summoned and while the family members are waiting for these functionaries to arrive, refreshments are served. "My father-in-law with a chilling professional finesse carved the cold ham."¹⁷⁰

Pack's surgeon¹⁷¹ wants to marry "Margaret" but her father disapproves of men who have to navigate the fine line "dividing cruelty from cure," who are "trained not to respond to suffering," and who have learnt "how not to grieve."¹⁷¹

Atypical Surgeons; Dropouts

A few surgeons do not fit the stereotype of the aggressive, uncouth technician, who lacks vital medical accomplishments such as insight and the ability to communicate, but is highly skilled at dealing with specific challenges. Dr Marcus Westhall,¹⁷² the indecisive, homosexual British surgeon, has the right letters after his name¹⁷³ but he lacks formal training and he lacks the personality to obtain a suitable training post. After much vacillation, he decides to help set up a plastic surgery facility in Africa. His current chief, Dr George Chandler-Powell, sneers at Westhall's motives. Why is he running away to Africa on a trip that will not further his career? Is it "universal beneficence? Or post-colonial guilt?"¹⁷³ Chandler-Powell, a highly successful, "Harley Street" plastic surgeon predicts that after a year or two in Africa, Westhall will return to a series of assistantships in Britain. He will never head up his own unit.¹⁷⁴

Some atypical surgeons lose their undesirable traits when their careers are terminated by political exile,^{175, 176} physical illness,¹⁷⁷ substance abuse,^{178, 179} or old age.¹⁸⁰ Others like Hugh Franciscus³³ (see Book 2, p.191) and James Dyer¹⁸¹ (see Book 2, p. 211) discard their “surgical” attributes (as well as their surgical skills) as the result of particularly traumatic events.¹⁸²

Gabrielle Lord¹⁸³ describes the metamorphosis of Dr Ross Pascall in considerable detail. Pascall initially appears as a credible, competent surgeon. Admittedly, his private life is less than ideal, but that problem comes with the territory (see Book 2, Chapter 1). Pascall neglects his children, he fights with his wife, he abuses his interns and he is contemptuous of gynecologists.¹²² He has no friends "only colleagues and subordinates."¹⁸⁴ His sense of humor is of the blackest variety.

“There we were with half his gut spilled out on the road trying to keep this dog away and all I had was my tie and my fists.”¹⁸³

When, as the result of Pascall’s evidence, several members of an international criminal organization are sent to jail, the gangsters revenge themselves by killing his son in front of his eyes, and making death threats against the remaining members of the family. The Witness Protection Section give him a new name, a new birth certificate, a new curriculum vitae and a new career, teaching criminology.¹⁸⁵ Ross Pascall's entire personality changes when he ceases to practice surgery and assumes the name of Joss Haskell. His former detached and analytical approach is replaced by emotional involvement with the victims of a child killer and their families. Instead of Pascall the surgeon, who would have made great efforts to avoid having anything to do with psychiatrists or psychologists, Haskell, the ex-surgeon, has himself hypnotized by a female psychologist,¹⁸⁶ who uncovers an unhappy childhood episode when he was abused by one of the "Brothers" at his Catholic boarding school. He becomes introspective and he develops headaches,¹⁸⁷ relieved, to some extent, by the psychologist's professional and sexual ministrations. There is an extraordinarily messy encounter with his menstruating ex-wife¹⁸⁸ who goes on to betray him and is subsequently murdered.¹⁸⁹

Gabrielle Lord presumably seeks to tell the story of an arrogant surgeon, who after losing a son, does penance by leaving his profession, renouncing his pride and saving the lives of other people’s

sons. The actual sequence of events is exactly the opposite. Pascall the surgeon may have been leading an unsatisfactory and emotionally sterile private life, but it was the life of a proficient healer, eliciting respect, envy and fear. Haskell the ex-surgeon is a psychiatric wreck, though some residual surgical skills and attitudes save him from total disaster.¹⁸⁹

Some doctors are emotionally or intellectually so unsuited to surgery that their excursions into the operating room are inevitably brief and unproductive. The wartime surgical career of Kipling's C.R. Wilkett,¹²⁴ the great bacteriologist, is an absolute disaster. Wilkett, a perfectionist, unrealistically blames himself for the "murder" of a number of patients who die under his care and who, he believes, might have been saved "if he hadn't knocked off for a cigarette." His failure to function as an army surgeon is due not so much to a lack of manual dexterity, as to his inability to work under pressure and with inadequate data. Sir Thomas Horringe, a "proper" surgeon who knows his colleague well, sums up "Wilkie's" abortive surgical career in a few sentences: "I don't say he was even second-class in his surgery ... but what did that matter under the circumstances? Only ... that type of mind wants absolute results, one way or the other; or else absolute certainty. You don't get either at a clearing station." Wilkett develops guilt feelings and delusions, which, fortunately, remain encapsulated, so that he is able to resume his bacteriological researches.¹²⁴

Another doctor, whose surgical career is cut short by a lack of ruthlessness and detachment, is Gerald Green's Samuel Abelman, a compassionate and conscientious general practitioner. Abelman explains why, despite his technical ability, he had to abandon any thought of a surgical career. "I couldn't sleep. I couldn't eat. I kept thinking about the case all the time. If I didn't worry about the sutures, I'd worry about the anesthetist. So I gave it up."¹⁹⁰

Ambler's Dr Brissac,¹⁹¹ nominally the senior surgeon at a French Colonial Hospital, suffers from a milder form of this syndrome. Brissac, who is "inclined to undue timidity" in the operating room, has had an unofficial career change and now functions as a pathologist, rather than as a surgeon. The "interesting" (i.e. difficult) surgical cases, are referred to another hospital while Dr Brissac, "inhibited by memories of occasional mistakes with live patients now prefers to exercise his skills on the dead." Presumably as the result of Brissac's surgical training, his work at the mortuary table "is invariably swift, sure and a pleasure to watch."¹⁹¹

If Drs Wilkett,¹²⁴ Abelman,¹⁹⁰ and Brissac¹⁹¹ are too timid in the face of surgical perils, Arthur Miller's Dr Walter Franz¹⁹² suffers from an excess of fortitude. At the beginning of his career he is not beset by doubts or fears. "You start out wanting to be the best and there's no question that you do need a certain fanaticism ... And ... the time comes when you realize that you haven't merely been specializing in something— something has been specializing in you. You become a kind of instrument, an instrument that cuts money out of people, or fame out of the world." ¹⁹² As his practice expands, Dr Franz begins to analyze surgical attitudes in general and his own motives in particular.

'There are times ... when if you leave someone alone he might live for a year or two; while if you go in you might kill him. And the decision is often ... almost ... arbitrary. But the odds are acceptable provided you think the right thoughts or don't think at all ... [And then] I ran into a cluster of misjudgments ... they had one thing in common; they'd all been diagnosed by other men as inoperable. And quite suddenly ... the whole prospect of my own motives opened up. Why had I taken risks that very competent men had declined? And the quick answer of course is to pull off the impossible. Shame the competition."¹⁹²

Franz finds himself unable to operate, he becomes psychiatrically decompensated and he ceases practicing as a surgeon. Remarkably he is able to rehabilitate himself working as "a scientist" after spending three years "out of commission."¹⁹² (See also Chapter 6, pp. 193-4 and Book 2, Chapter 6, p. 220)

Wilkie Collins' "Uncle George," the good-natured poltroon in *The Family Secret*,¹⁹³ should never have been allowed to practice medicine, let alone hold a knife in his hand. George somehow manages to function as a doctor despite his dull wits, his unattractive physical appearance, his awkward movements and his stammer. He worships his older brother, a "successful" doctor, and he is rewarded for his devotion by being appointed as assistant to the practice. "If Uncle George had been made President of the College of Surgeons, he could not have been happier and prouder than he was in his new position," where he has to perform all the drudgery of a country general practice. "The long journeys at night, the physicking of wearisome poor people, the drunken cases" all these and similar chores are handled by George, while his brother looks after the county gentry.¹⁹³ Then comes a day when this poor apology of a doctor aspires to the pinnacle of the profession – he tries

his hand at surgery. Not content with some simple procedure on one of his poor clients, he presumes to perform a thyroidectomy on his brother's only daughter, an operation that had been considered too dangerous by the child's father and a number of consultants. George, who is motivated by pity for the twelve-year old girl, develops "a failure of fortitude" during the operation and the little patient dies. He is punished for his lack of common sense and want of surgical skills by exile from England. He never practices medicine again.¹⁹³

Rare surgeons drop out voluntarily. Some of these proceed to practice less prestigious forms of medicine, others leave the profession altogether. A few provide explanations for their departures, while isolated individuals simply leave, implying they cannot see themselves in the role of the surgeon. Dr Andrew Gray, the surgical hero in Slaughter's *East Side General*¹⁹⁴ has become disenchanted with the rarified atmosphere of New York Teaching Hospitals and talks about going to live and work in a small town on the Florida Gulf Coast where his brother is a minister. Andrew feels he has been deprived of a "cultural education" and hopes to be "more than a surgeon ... Eventually I hope to learn to be a man."¹⁹⁴

Brilliant Dr Abraham who has "a genius for surgery," who "gained every prize" at St Thomas' Hospital, London and who has been appointed to a position on its staff, decides on the spur of the moment that a career in surgery at a London Teaching Hospital will not suit him.¹⁹⁵ Instead, he becomes a quarantine officer in Alexandria where he "earned just enough to live upon." His successor at the hospital announces maliciously that Abraham "lives with an ugly old Greek woman and has half a dozen scrofulous kids" but that is not how Dr Abraham himself perceives his circumstances. He declares: "I ask nothing more than to remain as I am till I die. I've had a wonderful life."¹⁹⁵

A similar, more recent example of the surgical dropout syndrome is provided by Dr. Darrell Patterson¹⁹⁶ who leaves surgery to work in emergency medicine.¹⁹⁷ Patterson maintains that he is "tired of cutting, tired of feeling like a glorified TV repairman or plumber, tired of using ... [his] hands." :A more detailed perusal of Patterson's thoughts and habits reveals a man who has lost interest in medicine,¹⁹⁸ who keeps himself *Within Normal Limits* with the help of a variety of drugs,¹⁹⁹ and who ponders over the meaning of the word "doom."¹⁹⁸ With this outlook on life,

Patterson is barely capable of working as an emergency room doctor. As a surgeon, he would not be able to function at all.

An even more bizarre surgeon (Dr Felix Johnson Japaljarri) is presented by Peter Goldsworthy,^{114, 200} who contrasts this failed and disillusioned doctor with his “successful” classmate, Dr. Frank Boyd (see also Volume 1, p. 184, and this Volume p. 75). Boyd, the current State President of the College of Surgeons, is an entirely credible mediocrity, who has changed little since his student days.. He thinks and talks in worn-out clichés, interspersed with a few repetitive Shakespearean mis-quotations. At social gatherings he functions as “self-appointed auxiliary host”²⁰¹ until he has had too much to drink and his aggressive tendencies come to the surface.²⁰²

Felix, on the other hand, though brilliant both at school and at university, is the only medical student in his class who vomits during the “initiation rite” of the first anatomy demonstration.²⁰³ Despite his wealthy family background, Felix has always interested himself in social causes like Cuba and Palestine and after completing his surgical training he decides to look after sick aboriginals. Not content with setting up a clinic in some remote part of Australia, he needs to become a card-carrying member of a tribe. He acquires an aboriginal name, has himself mutilated above and below the diaphragm, and, like many of his adoptive tribespeople, becomes an alcoholic and a chain smoker. He even acquires the tribal notion that the good things in life, including wives, should be shared. Marginalized doctors caring for marginalized patients occur in real life as well as in fiction (see Chapter 5 p. 162) but the degree of alienation from the profession brought about by Felix’ change in life-style is almost unheard of in surgeons.

Dr Oliver Selfridge (M.D. Yale, 1934), the central character in Wilner’s *All the Little Heroes*²⁰⁴ is a little further along in his surgical career than Felix Johnson¹¹⁴ when he decides to abandon it. Selfridge, an assistant professor of clinical surgery,²⁰⁵ is no ordinary surgeon. His communication skills are so highly developed that he is able to reassure even the most obsessive patients.²⁰⁶ Here he is, explaining the principles of thoracic surgery to a sales manager whose X-ray films show a mediastinal mass, probably a malignant thymoma. The patient has been looking up medical books.

‘Do you have to break any of my ribs?’ ‘No.’ ‘You have to break some bone, don’t you?’ ‘We split the sternum. You’ll

have a long scar.' The patient almost smiled. 'Scar. I don't care about any scar. How does it stay together again? My sternum.' 'We wire it.' 'And then it heals? It grows together?' 'That's right.' 'But the wire is still there, isn't that so?' 'Of course.' 'Do you mind if I ask all these questions?' 'I think you upset yourself with them.'²⁰⁶

The interrogation continues for a long time. The patient is worried about the proximity of the lesion to the aorta. How long will the operation last? How long will he be in hospital? Might it be possible to postpone surgery for a little while? There is resentment against the surgeon and the unequal relationship between the two men. 'You call it a thymoma. A mass. It's me!' The patient is "angry in his submission." He feels so vulnerable that he is tempted to "curse the doctor he needs"²⁰⁷ in order to "remain intact." Postoperatively, he feels "ravished" and refuses to see Oliver for routine follow-up visits, though he will submit to his "rapist" again if further surgery becomes necessary.²⁰⁷

This capable and apparently compassionate surgeon, quite uncharacteristically burns out, physically and psychologically at the age of thirty-two. He develops atypical chest pain. "He begins ... to deplore his work" and the emotional control it involves. He longs for some occupation "in which control is not a condition of the skill, in which the hands are not concerned with inches and edges."²⁰⁸ Instead of adopting a less demanding schedule, enlisting in the army, or entering a different specialty, Selfridge simply resigns from his position at the University Hospital three days after Pearl Harbor,²⁰⁹ stops working altogether, and spends the war years in anonymous idleness in New York City.²¹⁰ Herbert Wilner implies that Selfridge is an impulsive and violent man and that no amount of training could have turned him into an efficient and contented surgeon.

Milan Kundera's "Tomas" in *The Unbearable Lightness of Being*,²¹¹ womanizer and political dissident, is a barely credible neurosurgeon. He is not shown performing any sort of medical functions, but, instead, displays plenty of "culture." He speculates about hidden meanings in Beethoven's later string quartets²¹² and he writes papers about the relevance of Oedipus to the political situation in Communist Czechoslovakia.²¹³ In his idle moments he mentally undresses casual acquaintances "his experience as a doctor supplementing his experience as a lover."²¹³

Tomas leaves a comfortable and satisfying position in Switzerland in order to follow his girlfriend back to Czechoslovakia where he is initially reinstated. He then loses his position at the hospital,

and, subsequently, his license to practice, because he is unwilling to compromise with the Communist authorities.²¹³ Tomas is a political martyr and it comes as no surprise that this atypical surgeon becomes first a general practitioner and then a window cleaner. A man to whom "being a surgeon means slitting open the surface of things and looking at what lies hidden inside" and who experiences "a brief but intense feeling of blasphemy making his first incision"²¹³ does not have to wait for the Communists to take away his medical license. In more normal times this tortured man might well have left medical practice of his own volition and joined a religious order.

The personality of Dr. Henry Perowne, the almost perfect hero of McEwan's *Saturday*²¹⁴ resembles that of a professional writer rather than a typical neurosurgeon. Henry's multiple achievements read like blend between an obituary and pages out of a textbook of neurosurgery.²¹⁵ Unlike other surgeons, he is not only a superb technician, but he is also so familiar with the molecular pathology of Huntington's disease²¹⁶ that when he is involved in a minor collision with a car driven by a man with this disorder, Perowne is able to diagnose "chromosome 4 troubles" and the mode of inheritance at a glance.

Relations between Perowne and his colleagues are not only correct but cordial. Jay Strauss, Perowne's American anesthetist, is a friend, not an underling.²¹⁷ The residents are treated fairly and not threatened with dismissal during every operation.²¹⁸ Perowne operates in silence and would not dream of making sexist remarks to embarrass the operating room nurses. While he is obviously not short of money, he is content to work for a salary rather than look after private patients in the corrupt atmosphere of London's "Harley Street."²¹⁹ He is even prepared to fill out the endless forms generated by the hospital bureaucracy.²²⁰

This atypically gentle and erudite neurosurgeon also leads an atypical and almost ideal family life. He first meets his wife, a successful lawyer, when he is a junior resident and she a law student suffering from a macroprolactinoma.²²¹ The marriage remains happy after 25 years.²²² Mrs. Perowne's large pituitary tumor has evidently not impaired her fertility and the Perownes have two children who are treated with remarkable tolerance and respect even after the son drops out of high

school²²³ to pursue a career in guitar-playing,^{*} and the brilliant daughter has herself impregnated by an Italian lover.²²⁶ Perowne visits his demented mother regularly, despite the painful emotions generated by these encounters.²²⁷ Even the irascible father-in-law, an alcoholic poet who regards Henry as “one more tradesman, an uncultured and tedious doctor,”²²⁸ is tolerated, so that diplomatic relations are maintained. Perowne’s interests are by no means restricted to the field of neurosurgery. He appreciates the music of Bach.²²⁹ His hobbies include fly-fishing,²³⁰ long distance running, cooking and squash.²¹⁸ He keeps up to date with contemporary political and economic problems. This saintly Renaissance man’s versatility is substandard in only one area: He is not fond of reading,²³¹ and great works of literature mean nothing to him.²³² (See also Book 2, p. 160.) Another atypical neurosurgeon (Adam Stanton) is discussed in detail in Chapter 9 (p. 305).

Aggression as an Asset

The surgeon’s belligerent personality, which constitutes a source of irritation to his colleagues,^{136,}¹³⁷ his trainees,^{71,72 75} and his patients,^{82,93} turns into a major asset when it comes to dealing with pathological processes. The ferocious surgeon is able to make rapid decisions, he is not averse to taking risks and he uses the knife to attack diseased tissues where other, more timid physicians would have used less adventurous and less effective treatments. As a result, the surgeon may achieve spectacular cures (or cause major disasters).

A E Ellis illustrates this surgical approach in a memorable scene in *The Rack*.²¹⁷ Dr Vernet who is performing a thoracoscopy, finds himself confronted by a major obstacle. There are multiple thick adhesions which will almost certainly re-form if he attempts to cut them. He is on the point of abandoning the entire project of inducing a pneumothorax.

What was the purpose of cutting a great mass of adhesions ... if the outcome was to be a pleural effusion which would lead to the re-adherence of all that he...had so laboriously detached? He had allowed his assistants to look through the thoracoscope; their expressions, the shakes of their heads had shown that they did not anticipate that their (chief) would proceed. Then suddenly the fanaticism which opposition invariably provoked in him ... had begun to dominate his reactions.²³³ Reinforced in his attitude by the knowledge that this patient had no other hope of survival he had taken up

* The theme of the surgeon’s guitar playing son also occurs in *The Price*²²⁴ and in *The Memory Keeper’s Daughter*.²²⁵ The fathers in those novels react to their sons’ musical endeavors as one would expect a surgeon to react: with hostility²²⁵ or indifference.²²⁴

his instruments and to the incredulity of every one present had set to work. [At the end of the operation, after] five hours of intensive, often agonizing manipulation...each assistant had seized his hand; he had rebuked their enthusiasm."²³³ [The procedure is a success and the patient makes a full recovery.]

Obviously, such "outrageous gambles"²³³ may also end in failure. One of the surgeons in Nourse's *Intern*²³⁴ is about to perform an emergency gastro-esophageal resection for actively bleeding varices. The patient has had several previous surgical procedures, he is in poor shape and everyone is aware that the impending heroic operation is unlikely to succeed. The surgeon is quite calm about the possibility that the patient may perish on the operating table, though he is not happy when one of the less intelligent residents asks him "what he thought the guy's chances were. He just shook his head and said, 'Don't ever ask me questions like that.' "After an eight hour operation and twenty-two units of blood the patient is still alive but he dies two days later."²³⁴

The largely negative images of doctors in fictional literature and in the media are, to some extent, inevitable. The semi-divine healers with their magical vocabularies, their vestments and their mysterious and powerful instruments have obvious human limitations, so that these "heroes" tend to become "scapegoats" especially when the patient fails to improve.²³⁵ Surgeons, the most prominent of all the healers, are particularly prone to "fall from the pedestal" despite the fact that most of them are competent and compassionate. Surgeons "can not desist while operating for fear of hurting the patient"²³⁶ so that the very nature of their craft ensures that the patients have a persistently ambivalent attitude towards them.

Summary

Fictional surgeons are perceived as confident and competent individuals. They may not have a profound knowledge of basic physiology or statistical methods, and their social behavior may lack refinement but they are great technologists and most of their patients get better. Inside the operating room surgeons are absolute autocrats with a few abusing their position and turning into petty tyrants.

The prominent status of fictional surgeons within the medical profession is reflected in their arrogant and patronizing attitudes towards patients, primary care doctors and non-surgical

specialists.

Fictional surgeons are impatient, irascible and aggressive. These traits make them poor communicators and poor teachers. A few are suspected of harboring sadistic tendencies. On the other hand, when the surgeon turns his aggression towards the disease process rather than his colleagues or his trainees, it enables him to achieve some spectacular therapeutic successes.

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Chapter 4. Psychiatry and the Psychiatrist

Good girls didn't go to psychiatrists. Psychiatrists were people who testified in court on behalf of murderers or who nannied film stars. They were themselves charlatans, ratbags, sex-obsessed, evil and/or mad.¹

Within 3 years of graduation some 5% of doctors emerging from British medical schools elect to become psychiatrists and most of these are still practicing psychiatry 10 years later.² Several fictional medical heroes³⁻⁶ and non-heroes⁷⁻⁹ decide on psychiatry as their first choice for valid⁸ or invalid⁹ indications. Financial considerations are rarely mentioned in favor or against psychiatry, though Simenon's Dr Pierre Besson d'Argoulet makes a late career change from psychiatry to internal medicine which he considers more lucrative.¹⁰

Of all medical specialists in fictional literature, psychiatrists are given the most negative treatment¹¹⁻¹³ with some authors participating in "shrink bashing" even though they are or were psychiatrists themselves.^{14,15} A few psychiatrists,¹⁶ particularly the historical Dr. William Rivers,^{17,18} and the flawed but sincere Dr. Thomas More¹⁹ are portrayed as compassionate and effective healers. "Leo,"²⁰ the psychiatrist – friend of "Helena," is not shown in a clinical setting, but at least he gives her sensible advice about the management of "Nicola," her stubborn, dying house guest. By contrast, the majority of fictional psychiatrists are shown as villains, lechers, sadists, acquisitive businessmen, or useless charlatans. Non-psychiatric doctors are also subjected to such accusations,²¹ but not nearly to the same extent as psychiatrists, who are distrusted by the public and despised by other physicians.

The One Track Mind

The medical "One Track Mind" syndrome, which has been described in a number of specialists and general practitioners,²² is exceptionally well developed among members of the psychiatric fraternity. Sir William Bradshaw, the fashionable London psychiatrist, knows of only one treatment for delusional, suicidal patients – complete isolation.^{23,24} A twenty eight year old musician who denies that he hates his father,²⁵ is regarded as "uncooperative."²⁶ A journalist in her mid twenties,²⁷ who cannot accept that a child of four who remains with her deranged and abusive father is acting masochistically,²⁸ is informed by her psychiatrist that she is "sabotaging the treatment." Another of

MacIver's psychiatrists, whose office is in the Bronx, believes all psychiatric troubles stem from the sick, capitalistic, competitive American society, and advises his patients to work in factories.²⁹ Philip Roth's *Everyman*³⁰ who has a chronic appendix abscess, is told by his psychiatrist that his malaise and loss of weight are due to "deep seated envy" of a colleague who has just been promoted. "When circumstances proved him wrong, the analyst appeared unperturbed by his mistaken judgment."³¹ Dr. Hugo Spitz,³² turns out to be considerably less sharp-witted than his name suggests. Spitz, convinced that his patient's disabling vertigo is psychogenic in origin (see Volume 1, p. 163), makes the poor man get out of his wheelchair and walk to the hallway, where he falls to his death down a stairwell.³² Dr. Samuel Cozzens, the naval surgeon on *The Last Ship*,³³ expresses a deep distrust of all matters pertaining to psychiatry and psychiatrists. "I have often wondered" he declares to the captain, "which, psychiatry or religion, has done more damage."³⁴

Alan Lightman's psychiatrist, Dr Ethan Kripke³⁵ practices in a seedy residential part of Boston where, barefooted local urchins act as "receptionists" and direct the patients to his office. As Bill Chalmers, the new patient, arrives, windows are opened in adjacent houses, and curious neighbors look out to inspect the shrink's latest customer. When Dr. Kripke emerges, he turns out to be a small, delicately featured man, wearing a bow tie. During the interview, accompanied by the recorded sound of a waterfall, the psychiatrist asks the standard questions about work-related frustrations, family, and sex.³⁶ He concludes that Bill Chalmers (who has peripheral neuropathy due to unidentified causes) is stressed and angry, and he prescribes "Prozac,"* an antidepressant.³⁷

The medical literature, while describing the existence of anti-psychiatry prejudices among non-psychiatrists, says almost nothing about the influence (if any) of such prejudices on career choices in the real world. In a study by Lambert et al.³⁸ 58% of medical graduates who abandoned psychiatry as a career (n=99) agreed with the statement that psychiatry is "not sufficiently respected by doctors in other specialties" but only 15% gave that as a reason for changing careers.

A Meaningless Hocus Pocus

Psychiatry [consists of] speculation, theories, wind. It has no application.³⁹

* See Footnotes on p. 142 and in Volume 1, p. 124.

The perception that the entire discipline of psychiatry represents a meaningless ritual goes back to the early days of the specialty and persists to this day. O'Neill's Charles Marsden,⁴⁰ a writer, whose young protégée Nina Leeds has not responded to standard therapy, is disenchanted with the disciples of Freud, their concepts, their methods and their jargon:

"A lot to answer for, Herr Freud! ... Punishment to fit his crimes, be forced to listen eternally ... while innumerable plain ones tell him dreams about snakes ... pah, what an easy cure-all! ... Sex, the philosopher's stone."⁴¹

Bennett Landsmann,⁶ the future surgeon, who is trying to talk his friend Barney Livingston out of a psychiatric career, uses more contemporary expressions, but the message concerning "Freudian garbage" is the same:

"Why are you bent on spending the rest of your life in an easy chair [accumulating] ... adipose tissue on your ass and telling people they shouldn't love their mothers?"⁴²

When Livingston obstinately perseveres in his bizarre urge to specialize in psychiatry, Dr. Clifford Marks, Professor of Neurology at Harvard University, adds his bit of discouragement. After Livingston presents a case on rounds, under difficult circumstances, the professor declares himself most impressed and remarks: "That was a tough one ... You did a splendid job. Too bad you're opting for psychiatry. You should become a real doctor."⁴³ Benjamin Mead, the "born surgeon," currently a second year medical student residing at Miss Slagle's boarding house,⁴⁴ takes offence when his classmate, Alexander ("Jack") Ashby playfully suggests Mead might be interested in psychiatry. "Listen Jack," Ben splutters as he jumps up. "I'll stand a lot of kidding. But there are limits."⁴⁵

Carolyn Dupayne⁴⁶ makes no secret of her contempt for her brother, Dr Neville Dupayne, and his chosen specialty – psychiatry. She distinguishes between old-fashioned headshrinkers (who were completely useless) and the modern variety who are at least able to prescribe drugs for their patients. However, the advances in management did not come from psychiatrists. "You can only help patients today because of the neuroscientists and the drug companies. Without them you would be back where you were twenty years ago."⁴⁷

The “Mad” Psychiatrist

“All psychiatrists are crazy.”⁴⁸

The notion that psychiatry attracts peculiar recruits who cannot quite make it in "mainstream" medicine and that these misfits become even more warped through their interaction with their patients goes back to pre-Freudian days. Dr. Simão Bacamarte⁴⁹ may be a versatile scholar with a gift for languages, and a highly original mind, but he clearly belongs in his own madhouse as a patient.⁴⁹ Scott Fitzgerald makes his psychiatrist-hero declare: “The weakness of this profession [psychiatry] is its attraction for the man a little crippled and broken.”⁵⁰ Cronin’s Dr. Robert Shannon⁵¹ expresses similar sentiments:

"In the profession one always tends to look askance at asylum work as being just a little off the normal track. There are some splendid people in that service, of course, but on the other hand, some who are distinctly queer and who get queerer as time goes on. It is an easy life and much medical flotsam drifts into it."⁵²

One of the “idlers around the court-house” in *King’s Row*⁵ (see also Book 2, p. 158) informs his colleagues: "They say some of them doctors out to the asylum is pretty near as crazy as the patients."⁵³ The stereotype of the “mad” psychiatrist is discussed in a scholarly paper by Walter.⁵⁴

The “Alien” Psychiatrist

Psychiatrists are not only lunatics: they are outlandish lunatics from Vienna and other obscure parts of the globe. They have foreign names and they speak with an accent. When Joyce MacIver²⁷ makes an appointment to see her fourth psychiatrist, the doctor, whose family name is Portzweig,²⁸ warns her to be punctual. “You hunderstand you haf to come on time.” The doctor is unimpressed by Joyce’s reminder that she has seen other psychiatrists and knows all about analysis.

‘You haf never been touched,’ he allowed. ‘A virgin psyche?’ I asked, surprised. Ya ya, a virgin psyche,’ he was getting impatient. ‘Masochists always make chokes.’²⁸

When the defense attorney in Traver's *Anatomy of a Murder*⁵⁵ manages, after a great deal of frustration, to obtain the services of an army psychiatrist to testify on behalf of his client, the

doctor's name turns out to be Matthew Smith.

'Smith?' I echoed. 'Just plain Smith? Are you sure ... you didn't at least say Schmidt? I always thought all psychiatrists simply had to have long foreign names of no less than four syllables in order to get their diplomas - and that all of their first names were Wolfgang.'⁵⁶[The same prejudice comes to the surface when Dr. Smith takes the witness stand.] 'Your name please, Doctor?' ... 'Matthew Smith.' 'What is your profession?' 'I am a psychiatrist.' The jurors glanced at each other, surprised ... evidently sharing ... the Hollywood notion that psychiatrists had somehow to look like first cousins to Svengali and Rasputin.⁵⁷

The perception of psychiatrists as crazy foreigners and the notion that "Smith" as an inappropriate surname for a "shrink"^{56, 57} come up again in Levenkron's *The Best Little Girl in the World*.⁵⁸ Francesca Dietrich ("Kessa") who is suffering from severe anorexia nervosa has been advised by her pediatrician to see a psychiatrist. Her father is not at all enthusiastic about this referral, but he bursts out laughing when he hears that the "shrink's" name is Dr Alexander Smith.

'Smith! What kind of a shrink is named Smith? ... We ought to get a name like Freud or Krunnstaat or even Schmidt for our money, but Smith ... Well at least it's not Keigelfaven. Remember Professor Keigelfaven on the old Sid Caesar show? ... Well let's just hope Smith isn't as crazy as old Keigelfaven.'⁵⁹

“Psychiatrists aren’t Proper Doctors.”

Even when the “foreignness” and “craziness” of psychiatrists are de-emphasized, other disagreeable attributes persist. These include “uselessness”, “laziness” and a perception, especially in hospital settings, that psychiatrists do not practice “real” medicine. They choose their specialty because they "cannot stand the sight of blood."^{54, 60} Their non-psychiatric colleagues regard them as "communists, queers and perverts."⁶¹ A somewhat extreme case in point is the despicable Dr. Jim Roper, a psychiatrist in O'Hara's *From the Terrace*.⁶² Roper, “a fairy,”⁶³ a blackmailer,⁶⁴ and a procurer of sexual partners,⁶⁵ uses information obtained from his patients to further his own, evil ends.⁶⁵ On a less spectacular note, Slaughter's Dr. Jake Stafford⁶⁶ gives sensible advice but he looks odd.⁶⁷ Unlike authentic doctors (especially surgeons) who are tall and handsome, (see Chapter 3, pp. 63-64) Stafford is “stocky” and “red-headed.”⁶⁷

Even nurses have less respect for psychiatrists than for “regular” doctors.¹⁹ The fact that modern psychiatrists act as “neuropharmacologists” rather than "old-fashioned shrinks"^{47, 68} makes no

difference

"In a small general hospital a psychiatrist is ranked somewhere between a clergyman and an undertaker. One is tolerated [but] one sees the patient only if the patient has nothing else to do."⁶⁹

Ravin's doctors are full of derision for psychiatrists. Dr William Ryan,⁷⁰ an intern at "Manhattan Hospital" and the "Whipple Cancer Institute" (thinly disguised fictitious names for the Cornell Medical Center and the Sloan Kettering Cancer Institute), has an oncology patient who is threatening to throw herself out of an eighth floor window.

"Ryan called the psychiatric hospital across the street. That is, he tried to call. He discovered that the psychiatrist was not available after 4.00pm, that the psychiatrist would not have come to [the Cancer Hospital] anyway since policy required all patients to be sent to the psychiatric hospital for consult, [and] that the psychiatrists did not want patients sent from [the Cancer Hospital] because they depressed the psychiatrists."⁷¹

This disdain for psychiatrists is extended to paramedical staff working with them. When Diana Hayes, the ruthless cardiology professor wants to be particularly nasty, she remarks: "You sound like a psychiatric social worker"⁷² implying that in her hierarchy psychiatric social workers are even lower than the non-psychiatric members of the species. In another of Ravin's novels,⁷³ Drs. Ann Payson (cardiothoracic surgeon) and Benjamin Abrams (endocrinologist), both from the "St George University Hospital," are standing in line at a Washington restaurant waiting for a place.⁷⁴

"A thin man *with wiry hair* (my italics) pushed by us and called over the Maître d'. He announced he was Doctor Somebody as if he expected the Maître d' and perhaps the entire staff of waiters and cooks to come out and genuflect before him. [The newcomer is making a scene because his reservation is for eight o'clock and his table is not ready.] 'Can we take this guy out and shoot him?' Ann whispered in my ear ... We decided [he] wasn't a real doctor but a psychiatrist. We had no way of knowing that but we wanted to believe it. We didn't want him to be one of us."⁷⁴

Hejinian's Dr. Womack¹⁴ who detests almost all his medical colleagues (see also Book 2, p. 191) finds psychiatrists particularly useless and inefficient. The nail-biting staff psychiatrist who claims that he is "terribly busy,"⁷¹ has just enough time to misdiagnose a middle-aged patient with total amnesia. "Schizophrenia" he remarks inappropriately ... "The guy is an ordinary nut."⁷⁵ The patient turns out to be a confidence trickster, well known to the San Francisco police.⁷⁶ Dr. Ainsworth, an incompetent intern in *Extreme Remedies*¹⁴ and a potential recruit to the psychiatric service,⁷⁷ holds

out some promise of developing along the same lines as this staff psychiatrist. Ainsworth, who wears an “explosion of red hair plus a beard”⁷⁷ has no time to look after his patients or even to answer his pager because of his radical political activities.⁷⁸ The resident who has to tidy up after this pathetic character, declares "I sure hope he goes into psychiatry."⁷⁷

Other works of fiction expressing the notion that psychiatrists aren't “real” doctors include Conroy's *The Prince of Tides*,⁷⁹ which tells the story of Dr. Susan Lowenstein, a Jewish psychiatrist, who phones from New York to South Carolina to inform the next of kin that one of her patients has been admitted to hospital after a suicide attempt. The patient's mother, a “refined” Southern lady, dislikes New Yorkers, Jews and female physicians but her particular disapproval is reserved for psychiatrists. ‘A doctor called,’ she informs her family, ‘A woman doctor ... a psychiatrist. I'm sure she couldn't have made it in any real field of medicine.’⁸⁰

Ferrol Sams' Widow Highee of ‘Faceville’, Georgia⁸¹ expresses her unflattering views of psychiatrists in greater detail:

‘There's something plumb indecent about going to a doctor that's not going to do a blessed thing but listen to you and charge you by the hour for it and not even throw in no iron and vitamins or even an eensy-weensy B₁₂ shot ... I know a good doctor when I see one. A really good doctor has got a knife in one hand and hormones in the other and I mean he's coming at you. He's not sitting there in no leather chair with his legs crossed and sucking on no pipe and acting like if you got the money, he'll take the time.’⁸²

This prejudice against psychiatrists is by no means confined to Southern hicks. Dr. Lowenstein's parents,⁸³ authentic New York intellectuals, react equally unfavorably when Susan informs them of her choice of specialty. They were proud of their doctor-daughter but “they were both appalled when she decided to study psychiatry.”⁸³ Similarly, when Dr. Roy Basch, the misfit from Internal Medicine¹⁵ seeks refuge in psychiatry, his dentist father, who wants him to be a "real" doctor, expresses a deep sense of disappointment.

All the members of David Hellerstein's medical family beg him not to take up psychiatry.⁸⁴ They ask: “Why can't you do something real, like your father?” (Father is a cardiologist). An endocrine colleague remarks: “I hear you're planning to throw away your medical education.” Even a

practicing psychiatrist tries to warn him off. “I hear you want to be a psychiatrist. If you’re looking for a quiet comfortable life ... forget it. Do something else.”⁸⁴

Naturally, surgeons are particularly contemptuous of psychiatrists. “Hawkeye” Pierce, the military surgeon,⁸⁵ and his companions are planning to trick the army psychiatrist by pretending to be crazy. They discuss their tactics over drinks where Hawkeye presents the standard “surgical” opinion of “head shrinkers.”

“ ‘I figure we’d better think this over a little more,’ [Hawkeye] said, ‘psychiatrists are never overly troubled with the smarts, but even the dumbest one is going to smell a rat if we all go in and say the same thing.’ ”⁸⁶

Similarly, Dr Peter Mallory, a cancer surgeon,⁸⁷ entertains his residents and nurses with the old joke about internists who know everything and do nothing, and surgeons know nothing and do everything (see Chapter 2, p. 53). In his version there is also a psychiatrist.

“The psychiatrist is the doctor who thinks he knows everything and doesn't tell anything. (Peter Mallory didn't believe psychiatrists knew much of anything but a joke is a joke.)”⁸⁸

Even at the height of the psychoanalytic craze, when a sizeable proportion of New Yorkers are wasting time and money seeing “shrinks,”^{25, 27} Dr. Max Pooley declares himself a non-believer in psychiatry and psychiatrists.⁸⁹ “He’s a surgeon,” explains Annie Melvin, the sister of one of Pooley’s colleagues. “He’s got better ways of getting his kicks.”⁸⁹

Dr. Alan James, prominent neurosurgeon⁹⁰ and after-dinner speaker at Rotary functions⁹¹ serves on a committee that has been set up to bring the disciplines of neurology and psychiatry closer to each other. Predictably, the exercise proves “a vain effort.” Furthermore, James seems somewhat disappointed when his medical son, Dr. Christopher James, decides to become “a shrink” (Actually there is some doubt about Christopher’s paternity so that the young man’s career choice may not have come as a complete surprise to Dr. James Senior.⁹⁰).

“Psychiatrists have no morals.”

In addition to the psychiatrists’ incompetence and general ineffectiveness, their perceived lack of “moral rectitude,” pollutes their professional activities as well as their personal lives. Whether based in Park Avenue, New York City,⁹² in “Harley Street” London,⁹³ or in a Shanghai hotel⁹⁴ looking after alcoholic expatriates,⁹⁵ they engage in inappropriate physical relationships with their patients on such a scale, that sexual advances are almost taken for granted⁹⁶ and the term “horizontal”⁹² acquires sexual as well as psychoanalytic connotations. Supposedly sick women arrive at their psychiatrists’ offices, expecting the doctor to respond to their “writhings, declarations, propositions, strippings and attempted rapes.”⁹⁷ As might be expected, doctors working in such an environment are liable to succumb to sexual temptations, with predictable results on their long-term relationships with more suitable partners. Disastrous marriages, alcoholic wives and drug-addicted children are encountered amongst all kinds of doctors, (see Book 2, Chapter 1) but these problems occur in a more virulent form among psychiatrists.⁹⁸ The pathetic Dr. Burns in *The Sunlight Dialogues*,⁹⁹ who asks Police Chief Clumly for marital advice¹⁰⁰ (see Book 2, p. 35) is, of course, a psychiatrist. The lonely, dying surgeon who needs female company, asks a psychiatric friend for the loan of his wife (also a psychiatrist).¹⁰¹ Dr. Henry Ramsey, the chain-smoking psychiatrist in MacIver’s *Frog Pond*²⁷ writes “lovely poetry” but regularly ties his wife to a chair and locks her up in their apartment.¹⁰² Donald Thomas⁹⁰ contrasts the marriage of Dr Alan James, the neurosurgeon, with that of his son, Dr. Christopher James, the psychiatrist (see p. 114). Neither father nor son leads a satisfactory family life but the underlying causes are entirely different. The neurosurgeon is a chronic womaniser whose wife walks out on him. The psychiatrist is an unsatisfactory lover, whose wife seeks and obtains sexual comfort from other men including her virile father in law.⁹⁰ (See also Volume 2, p. 37.) Proverbially, it is the psychiatrist’s drug addicted son who obtains his supplies from his father,”to the mutual satisfaction of both.”¹⁰³

Even the psychiatrists’ strictly professional activities threaten traditional values. Psychiatrists do not distinguish between “good” and “evil” so that, at least in the opinion of an unsophisticated policeman, Jack the Ripper is just another patient to them.¹⁰⁴ They encourage patients to abandon old-fashioned, idealistic concepts like hard work, heroism, saintliness, and sacrifice, and, instead, to

yield to their temptations, particularly temptations of the flesh, in order to rid themselves of “inhibitions” and other neuroses. This permissive attitude amuses Maurois’ Dr. O’Grady^{105, 106} (see Book 2, p. 113) but it disgusts Mauriac’s Catherine Schwartz, a psychiatrist’s wife,¹⁰⁷ who finds her husband’s method “unclean” (immonde).¹⁰⁸ In Rhinehart’s scheme,⁹⁶ the psychiatrist has totally abandoned not only the concepts of right and wrong, but even those of beneficial and harmful, advisable and inadvisable, and has substituted the roll of the dice for rational choices.

The straightforward questions of “genuine” doctors, the factual answers required from the patient (see Book 1, Chapter 4), the physical examination (see Book 1, Chapter 4), and the patients’ requests for precise information (see Book 1, Chapter 5), are replaced, in psychiatric settings, by discussions of apparently irrelevant subjects. Alice Brill, a surgeon’s daughter¹⁰⁹ comes across this phenomenon at the age of ten. Alice has been referred to Dr. Pinch, a Park Avenue psychiatrist, because of repetitive blinking.¹¹⁰ (The habit begins after the child pays a surprise visit to her father’s office and finds him on his desk making love to his nurse.¹¹¹) Alice finds it strange that the doctor does not even mention her tic or her eyes. Unlike her “jovial pediatrician” who asks where it hurts and then investigates the relevant area, Dr. Pinch “asked me seemingly irrelevant questions about magical wishes and dreams – did I ever think I didn’t live with my ”real” family, did I ever daydream about having a twin?”¹¹⁰ The psychiatrist does not discover the cause of Alice’s blinking habit, which goes away after a few weeks.¹¹⁰

Psychiatric interviews are perceived to consist of meaningless circular dialogues about sex. When the doctor asks: “Are you afraid of sex?” the patient replies: “Am I, doctor?” A little later it is her turn: “Doctor, do you recommend that I go out and fuck someone? To overcome my fear?” Answer: “Well, that’s a decision only you can make.”¹¹²

Even Paloma Josse, the precocious, angry twelve year old¹¹³ feels nothing but derision for psychiatrists in general, and her mother’s psychiatrist, Dr. Theid, in particular. Theid, declares Paloma, “who has been costing my family close to six hundred euros a month for nearly a decade ... [is] no more a doctor than I am ... [he is] an old leftie who’s converted to psychoanalysis.”¹¹⁴ Like all shrinks, Theid is a comedian who believes “that metaphors are something for great wise men. In fact, any sixth grader can come up with one.”¹¹³ Her mother’s visits to Dr Theid are like trips to the

various attractions in Disneyland, with “my life with mother” represented by the hall of mirrors, “my life without mother” by the roller coaster and “my sexual life” by the chamber of horrors.¹¹³ Umbrella, of course, means penis.¹¹⁵ Is it any wonder that the medical student in Miss Slagle’s boarding house⁴⁴ will accept “anything but psychiatry?”

Summary

Of all medical doctors, psychiatrists receive the most negative treatment at the hands of writers of fiction. Their foreign origins, their accents and their eccentricities set them aside from “proper” doctors, who regard them as useless charlatans. Psychiatry is chosen as a career by those who cannot make it in real medicine, and who are further corrupted by their association with “crazy” people. Instead of a straightforward history and a physical examination, psychiatrists talk to their patients in a meaningless bibble-babble and always about sex. Their lack of moral principles is contagious and may spread to the unfortunate people who consult them. These widespread notions are, at least in part, responsible for early negative career choices.

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Chapter 5 - Specialists. General Practitioners. Fringe Practitioners

Recently graduated doctors have a wide range of career options available to them. Those who consider themselves in possession of “people skills” may find general practice, pediatrics or internal medicine appealing. Those with suitable personalities (see Chapter 3) and a modicum of manual skills may opt for surgery or one of its subspecialties. For doctors who find themselves uncomfortable with patients, there are multiple options like pathology, radiology and a variety of laboratory-based activities. Goldacre and his associates at the University of Oxford have published a series of papers on medical career choices in the United Kingdom,¹⁻⁹ and several similar studies have been conducted in other countries.¹⁰⁻¹⁹

In the real world, the choice of a medical career is influenced by considerations of time, money and self-assessed suitability for specific types of work. Fictional literature brings an additional dimension to this process – the perceived standing of particular specialties. The surgeon is generally portrayed as enjoying a high status (see Chapter 3), while the psychiatrist is considered irrelevant to mainstream medicine (see Chapter 4). In between are multiple specialties and subspecialties, beckoning to students and new medical graduates. The literary perception of these specialties, their relative ranks and the characteristics of those who practice them are discussed in this chapter.

Internists

Internal medicine and its subspecialties, which attract between 20% and 30% of recently graduated doctors³ are generally considered intellectually satisfying.¹⁷ The hours, particularly in some subspecialties, are acceptable¹⁸ and the remuneration, while not princely, is adequate. Graduates with good academic records find internal medicine particularly attractive.^{11, 19} Far from pretending they know everything, internists are not ashamed to admit their ignorance.²⁰

Despite all these positive factors, authors of fictional works treat internists, especially general internists, very harshly. Like surgeons, doctors practicing internal medicine are said to enjoy an “aristocratic” status within the profession,²¹ but, unlike surgeons, they do not deserve it. Whether in office practice or in hospitals, internists play the role of the slow and ponderous tortoise in the tortoise-hare contest, which, at least in the short term, is generally won by the busy hare.

Unfavourable comparisons between the “gentlemen of the faculty” who practice internal medicine and their surgical colleagues go back to the eighteenth century.²² (see also Chapter 3, p. 61) “A good surgeon is worth a thousand of you,” whines Richardson’s disillusioned Belton²³ when his physician informs him he can do no more for him. “I have been in surgeons’ hands often and have always found reason to depend upon their skill. But your art what is it?” The sick man has no faith in the internists’ much vaunted diagnostic skills or in their treatment. Diagnosis is nothing but a guessing game with “the best guesser ... [being regarded as] the best physician.” Medical treatment consists mainly of poisonous medications, which make the patients worse.²⁴

The personality traits of internists and surgeons are contrasted in one of Samuel Beckett’s early short stories.²⁵ Surgeon Bor comes across as an uncomplicated, detached bore, who does what has to be done, whereas internist Nye is interesting but so irresolute, that every major decision constitutes a crisis. Dr. Bor, whose operations may cure or kill patients “shrugged his shoulders without rancor” when a young boy by the name of Bray fails to improve after “successful” surgery for tuberculous cervical lymph nodes. Dr. Nye, “young but most eminent,” who is called to see the child in consultation, first diagnoses a right empyema and then bilateral empyemas. He attends each day, says nothing to Mrs. Bray (who happens to be his former nanny) not even on the inauspicious day when he decides to send the child back to Dr. Bor, who operates, with a fatal result. Moreover, throughout the boy’s illness, Nye is preoccupied with his own emotional difficulties and their connection (if any) with a childhood event, which Mrs. Bray might illuminate. “There was always something he wanted to ask her with reference to the good old days but he felt it was neither the time nor the place.” After the boy’s death, Nye recalls other patients that have died under his care, goes on a brief vacation and finally gets to ask Mrs. Bray the “trivial and intimate” question, which is not revealed to the reader. Whatever the nature of this medically irrelevant affair, Nye’s behavior is so different from that of the surgeon that the two hardly seem to belong to the same profession. Whether these “medical” and “surgical” characteristics are the causes or the effects of career choices is left to the imagination of the reader.

Joyce Carol Oates’ 16 year old doctor’s daughter²⁶ who runs away from home to join a group of drug pushers and prostitutes (see Book 2, p. 47), may not be the most competent judge of the status of

various medical specialties. However, she presents an interesting synopsis evaluating the clinical activities of her father (? a rheumatologist) and those of his colleagues.

"His doctoring is of the slightly sick. The sick are sent elsewhere ... the deathly sick are sent back for more tests and their bills are sent to their homes, the unsick are sent to Dr Coronet (Isabel, a lady) an excellent psychiatrist for unsick people who angrily believe they are sick and want to do something about it." (The 16 year old finishes up under the care of Dr Coronet after her release from the "Detroit House of Correction").²⁶

The notion that internists spend most of their time looking after the "slightly sick"²⁶ (and doing it badly) is also expressed by Alan Nourse, the medical author of *The Practice*.²⁷ Drs. Rob Tanner and Martin Isaacs, both of them family practitioners in "Twin Forks," Montana, and both of them men of action, disapprove of their internist colleague, Dr. Jerry DeForrest and his "internist's" approach: He takes on

"the elderly, the emotionally crippled and the chronically ill ... often ... [spending] inordinate lengths of time with his patients, to no discernible purpose."

He is always behind schedule. Worst of all, he is useless when dealing with the essence of internal medicine - diagnostic problems.²⁸ When a patient with an assortment of vague symptoms is referred to Dr. DeForrest, in anticipation of a spectacular diagnosis

nothing much seemed to happen. Jerry would order a lab test or two, perhaps make a vague therapeutic suggestion or mention an offhand list of things 'one might consider,' and nothing more. [Rob complains to his senior partner:] 'Most times he merely hits the same ground I've already covered and comes up with a big fat zero.'²⁸

On the rare occasions when internists produce an original idea, it is likely to be outlandish, ridiculous and contrary to the patient's best interests, particularly when the problem is clearly surgical.²⁹ "Can't you medical jokers ever stop farting around with your lousy metabolic diagnoses?" asks a surgeon, when a staff member on the medical service orders blood barbiturate levels on a comatose patient with severe head injuries.³⁰ (The test is positive.)

While none of the doctors in *The Diagnosis*³¹ provides the slightest help or comfort to Bill Chalmers, the patient whose life is totally destroyed by his progressive, undiagnosed peripheral neuropathy (see

also Chapter 4, p. 108), his internist, Dr. Armand Petrov,³² proves particularly incompetent. Petrov is not only useless; he is eccentric to the point of freakishness. He wears a toupee. He swallows pills during the interview. He sits behind a desk piled high with papers, so that he remains invisible to his patient. As for the internist's special skills - the ability to choose between a number of diagnostic possibilities and treatment options, and the ability to communicate his findings and his opinions to the patient - these are totally lacking in Dr. Petrov³³ (see Volume 1, p. 134). Three students from the Massachusetts General Hospital attend the unsatisfactory interview between this caricature of an internist and Bill Chalmers, whom the doctor is unable to diagnose and with whom he cannot establish rapport.³³ The students' subsequent career choices are not revealed, but the shouting match in Petrov's office is unlikely to have inspired them with a passion for internal medicine.

In novels with surgical heroes³⁴⁻⁴¹ the internists are commonly portrayed as feeble, garrulous and full of worthless information. Fat Dr George Plant, the internist in Slaughter's *East Side General*,³⁴ who treats rich patients for chronic fatigue,³⁵ is regarded by the surgical staff as totally ineffective, except as a provider of knife-fodder and a prescriber of digoxin. During a spectacular aortic embolectomy Dr Plant "a successful internist with a girth that matched his affability ... had pressed his forehead [to] the glass of the observer's gallery... The glass was beaded with sweat as Plant faced up to the loss of his most profitable patient."³⁶ The message is clear: While the surgeon at the operating table is sweating over the patient's life, the fat, redundant internist is sweating over his fee. After the successful operation, Plant is graciously invited to come down from the spectator's gallery to the floor of the operating room, where he performs a symbolic and useless gesture: He pulls out his stethoscope and listens to the patient's heart.³⁶

Dr Chandler, the Chief of Medicine in *The Final Diagnosis*³⁷ talks too much. Unlike his incisive surgical colleagues, he "never employs one word where it was possible to use two or three."³⁸ Chandler "sometimes pictured himself as a man of destiny, but opportunities to prove the point were all too rare."³⁸ Internist Dr. Maurice Desmond, in *Women in White*³⁹ is equally talkative. He "can say less in more words" than any other physician. In contrast to Dr. Michael Raburn, the tall surgeon, with his "craggy face" and his "broad shoulders,"⁴⁰ whose looks make him a natural television performer,⁴¹ Desmond "florid" and "pompous," shows no evidence of former athletic achievements. (Raburn, while at Harvard had played fullback in the All-American team.) Dr. Desmond has one redeeming

feature. One of his former students, now a prominent cardiologist, regards him as a great teacher and forgives his verbosity and pomposity.³⁹

Susan Cheever⁴² presents a more sophisticated contrast between a surgeon (Dr Peter Mallory) and an oncologist (Dr Macklin Riley) but her conclusions are similar to Frank Slaughter's.³⁴ Mallory, the surgeon is a serious professional, whereas Riley, the medical oncologist, wastes time and achieves little. Cheever's doctors are both on the staff at the "Parkinson Cancer Center," (a pseudonym for the Sloan Kettering Center, New York City), both are likable individuals and both are dedicated to their work. However the surgeon is a more forceful character and unlike the oncologist, he is very much in control. He consistently adopts a positive attitude towards his patients, even though most of them are incurable. There is always something that "can be done" even if that something consists of enrollment in an "experimental program."⁴³

Mallory manages to remain detached (see volume 1, pp. 182-3) whereas Riley, inefficient and depressed, becomes emotionally over-involved with his patients.⁴⁴ Mallory has never broken the Hippocratic rule that physicians should not enter into amorous relations with patients or their families,⁴⁵ but Riley, unable to resist temptation, currently dates the daughters of two patients and feels guilty.⁴⁶ (See also Volume 1, pp. 66-7.)

Both men have heavy clinical work schedules. Mallory is sufficiently well organized to supervise, in addition, an internationally recognized laboratory⁴⁷ while Riley's miserable attempts at research are "inadequate and badly prepared."⁴⁶ Mallory, though only two years older than Riley, wields considerably more political power and when the time comes for Riley to be fired, it is Mallory who will have to do the firing.⁴⁶

Similarly, Dr. Rintman, Sobel's chief of internal medicine,⁴⁸ fails to measure up to Dr. Emmerich, his surgical counterpart. Both doctors deliberately create dramatic situations, with themselves playing the chief part, but the role of poseur appears more obtrusive in the internist.

If Emmerich was the Emperor, Rintman was the sorcerer ... Two clumps of black hair above his forehead swirled up to give him the horned Mephistophelian air he did nothing to discourage ... He wore ... a voluminous swirling black cape.⁴⁹

Despite his undoubted diagnostic skills, Rintman is not above using dishonest practices to enhance his reputation. He finds out from the hospital admissions clerk that a patient with scurvy has been admitted to his ward and pretends to notice the “characteristic smell” as he comes in through the door.⁵⁰ The surgical chief does not stoop to such tricks.

The doctors in Wilson’s *Hall of Mirrors*⁵¹ are discussed in detail in Chapter 9 (see p. 316). The central plot of the story consists of a libel action brought by an internist (Sir Thomas Gilling) against a surgeon (Professor David Line) who has published a letter describing the internist as negligent. All the major medical characters in *Hall of Mirrors*⁵¹ are corrupt, the surgeon particularly so. However, he at least displays some signs of originality while his non-surgical colleagues are so suspicious of innovations that they let their patients die rather than employ a new method.

Michael Crichton⁵² uses two brothers to contrast the personalities and activities of surgeons and internists. Dr. Joshua Randall, the surgeon and Dr. Peter Randall, the academic internist whose main interest is calcium metabolism, come from an old Bostonian family⁵³ (see also Chapter 1, p. 10) Both brothers are on the staff of one of Boston's large hospitals but there the resemblance ends. Joshua "a fierce patriarchal man with thick white hair and a commanding manner ... was the terror of the surgical residents who flocked to him for training, but hated him."⁵³ Brother Peter

"a titanic fat man, jowled and jovial with a hearty laugh and a flushed face ... smoked continuously, drank exorbitantly, talked amusingly and was in general the treasure of every hostess ... Peter could make a party. He could revive one instantly."⁵⁴

Joshua Randall, rigid and humorless, who "can't believe anybody [would] oppose his majestic self,"⁵⁵ has "a surgeons view of right and wrong. He sees only black and white, day and night. No gray. No twilight."⁵⁶ Peter Randall on the other hand ruminates about why and when he made the wrong decision.

"The terrible thing... is to think back and wonder what you'd do differently. I keep doing that. And I never find the point I'm looking for, that one crucial point in time where I made the wrong turn in the maze."⁵⁶

A major disparity between internists and surgeons consist of their attitudes towards obviously

incurable patients. The internists are inclined to let “nature take its course,” while the keen, single-minded, aggressive surgeons want to “fight on” (see also Chapter 3). A typical physician-surgeon dispute is presented by Robertson Davies⁵⁷ Dr Jonathan Hullah, Davies’ “cunning physician” who dabbles in alternative medicine, (see also p. 21) is of the opinion (based on intuition rather than clinical information) that Emily Raven-Hart's breast cancer is terminal. " 'I never say that,' said the surgeon, a large fleshy powerful man. 'I've seen the most extraordinary recoveries in cases where you could never have predicted them.' "⁵⁸ (See also pp. 281-2)

Even when engaged in sexual peccadilloes, surgeons are more competent than internists. Dr. Peter Horn, the chairman of cardiology in Margaret Cuthbert *The Silent Cradle*,⁵⁹ “a short man with a goatee,”⁶⁰ displays horny and goatish tendencies. He is unable to hold his liquor⁶¹ and makes a fool of himself, trying to attract the attention of a female obstetrician. By contrast, Dr. Marco Donavelli (“Marco the Magnificent”), the legendary chief of cardiac surgery,⁶² a seasoned and discrete fornicator, is better looking than Horn and does not have to chase the female members of the hospital staff.. They come to him.⁶²

Almost every page of *The House of God*⁶³ contains passages denouncing the futility of internal medicine as practiced in a Boston Teaching Hospital. The patients are suffering from terminal malignancies or untreatable chronic conditions, while members of the senior staff look for “interesting” signs in these barely human individuals (see also vol. 2. pp. 193-4). Dr Roy Basch, the intern and “anti-hero” in Shem's novel, puts in an entire year on internal medicine, but finds the specialty and its practitioners so repulsive that at the end he has no choice but to seek a career elsewhere.⁶³

Other recent graduates reacting unfavorably to this undramatic discipline include Scott Fitzgerald’s internes Drs. Bill Tulliver and George Schoatze.⁶⁴ The two of them decide, on their first day in hospital, that internists waste too much time on patients who do not require the services of a doctor, and whose problems are not amenable to any medical treatment.⁶⁴ Bill's first case is a politician with a hangover while George's patient is a woman with "nerves." Bill grumbles: "I suppose for the next few months we'll be feeling the bellies of four-flushers and taking the case histories of women who aren't cases." The two of them proceed to the operating room to see some “real medicine” and to reassure

themselves that medicine "is a serious profession".⁶⁴

Rotating interns assigned to internal medicine after a spell in one of the more "exciting" services, are liable to feel let down.⁶⁵

"Lew Worship missed Obstetrics. There was nothing on Medicine that gave him a sense of fulfillment, much less happiness. ... Everything was slow and old. Nothing was ever conclusive. Nothing ever happened."⁶⁶

Segal's Seth Lazarus⁶⁷ is shown during the critical period when he has to make a choice and when, somewhat unconvincingly, he decides in favor of internal medicine.⁶⁸ After graduating from the Harvard Medical School* where he obtains grades of A plus for every one of his clinical courses, Seth is besieged with invitations from Departmental Chairmen at prestigious medical schools all over the country, offering "special rotations in whatever discipline ... he wanted." He declines surgery: "It was too much like the work of plumbers and carpenters" (see Chapter 3, p. 77). He declines pathology, which he compares to archeology. "It is no consolation to a widow to find her husband's cause of death." Seth compromises by choosing "a middle course" – Internal Medicine.⁶⁸ (Dr. Lazarus' subsequent career is described in detail in Chapter 8, p. 268.)

In contrast to all the unfavorable portrayals of internists and their activities, Cronin's Dr. Andrew Manson, the principal character in *The Citadel*⁶⁹ serves as a positive role model for young physicians planning to work in internal medicine. Manson, who begins his medical career in general practice, changes to Internal Medicine with its emphasis on diagnostic problems, accurate observations, meticulous records and intellectual rigor. He "takes nothing for granted"⁷⁰ and he is particularly suspicious of statements in textbooks. He stresses the need for specialization and the vital role of a reliable laboratory backup. Unfortunately, Manson becomes corrupted by his association with a group of unscrupulous "Harley Street" physicians who prey on the English rich, and on credulous foreign patients, charging vast fees and providing indifferent medical care. He manages to extricate himself from his gullible clientele and his incompetent and dishonest associates, and goes off to practice true internal medicine in a small town, rather than serve as a general practitioner to wealthy Londoners.⁶⁹

Dr. Peter McDonald in Faith Baldwin's *Medical Centre*⁷¹ also exchanges general practice for internal

medicine. Soon after graduation, Peter proposes to set up in general practice in a country town where he and his fiancée (Laura, a nurse) will be of service to the community. They will bring up their children in a “wholesome” environment, far from New York City, where the ambience is presumably “unwholesome.” When the fiancée dies because, Baldwin hints, someone makes a wrong diagnosis, Peter decides to become a “diagnostician” himself,⁷² hoping to prevent the kind of disaster that befell Laura. He remains in Manhattan and is spectacularly successful in his new career, with colleagues in and out of town consulting him on a variety of diagnostic problems. Naturally, in New York City, a significant percentage of such problems consists of wealthy patients suffering from “imaginary” disorders⁷² which bore Peter who by now earns more money than he can spend.⁷³ Unlike Andrew Manson,⁶⁹ who also goes through a midlife crisis but remains in internal medicine, Peter McDonald decides to change course yet again and to return to general practice in “a sleepy little village” where he will be “bitterly needed”⁷⁴ and where the patients suffer from “real” problems.

Old Sir Patrick Cullen in Bernard Shaw's *The Doctors Dilemma*⁷⁵ remains, after more than 100 years, one of the most impressive internists in fictional literature. Cullen is somewhat nihilistic in his approach to therapeutics, but he avoids the pseudo-scientific humbug of his colleague Bloomfield Bonnington who does more harm than good, and the one-track approach of Cutler Walpole, the surgeon, who removes "nuciform sacs" from anything that moves.⁷⁵

Having discarded the rubbish he was taught in medical school⁷⁵ Patrick Cullen has become equally skeptical of the "latest advances" in internal medicine and surgery. However, he knows whether his patients are getting better or worse, and he gives the impression that he would tell them the truth. At the deathbed of Louis Dubedat⁷⁶ Sir Patrick is clearly in charge. He recognizes that the patient is moribund, he gives the final treatment orders and he knows exactly what to say to the dying man and to the widow.⁷⁶ Unlike his colleagues, Sir Patrick is not sentimental or ruthless. He has the right mixture of cynicism and compassion, and his presence has no doubt been a source of comfort to many dying individuals and their families.

In summary, with few exceptions,^{69, 75} fictional internists are characterized by their uselessness. They are full of useless knowledge, they organize useless tests, and, unless they are equipped with

* See Footnote in volume 2, pp. 21-22.

instruments that turn them into proceduralists, their contribution to the patient's management is negligible. Recent graduates are repelled by this negative image and chose other, more "exciting" careers. The essence of internal medicine, the rigorous evaluation of symptoms, signs and laboratory results, and the difficult choices between various therapeutic options, remain largely unappreciated in fictional literature.

Internal medicine - subspecialties

Fictional physicians limiting their practices to specific organs such as the heart, the lungs, the kidneys or the gastro-intestinal tract are not sufficiently differentiated from each other or from general internists to elicit any specific comments concerning their personalities or behaviour patterns. Two subspecialties constitute exceptions to this rule: Neurology and oncology.

Neurology and neurologists.

In the late nineteenth century, the work of neurologists was not clearly demarcated from that of psychiatrists and some confusion between the two professions persists in fiction for much of the twentieth century. As late as 1967, Slaughter's Dr. David Rogan,⁷⁷ a sympathetically portrayed psychiatrist, still dabbles in neurology,⁷⁸ while in 1974, Durrell's Dr. Jourdain who looks after psychiatric patients in an asylum is described as "a cheerful man for a neurologist."⁷⁹

As a legacy of their perceived ancestry, neurologists, while not as "crazy" as psychiatrists (see Chapter 4, p. 110) have retained the sensitive natures, the artistic temperaments and the eccentricities of "nerve specialists." Conan Doyle's Dr Percy Trevelyan,⁸⁰ the author of a monograph on "Obscure Nervous Lesions" which has won him a prize and a medal, displays a

"haggard expression and an unhealthy hue ... His manner was nervous and shy, like that of a sensitive gentleman, and the thin white hand which he laid on the mantelpiece as he rose was that of an artist rather than of a surgeon."⁸⁰

Trevelyan has made a particular study of catalepsy but, despite his expertise, his thorough physical examination of the patient and his exhaustive notes, he accepts this diagnosis in an impostor. The mistake enables the "patient's" fellow burglar to search Trevelyan's house while the doctor's attention

is distracted.⁸⁰

Martin du Gard's Dr Antoine Thibault⁸¹ "always had a hankering after that branch of medicine" (nervous and mental disorders) but becomes a pediatrician instead. He has spent a year as a nerve specialist's assistant and "a smile of amusement flickered over his face as he remembered Treuillard's eccentric ways, a byword in the profession."⁸²

Neither Dr Ethan Kripke,³⁵ the disciple of Freud (see p. 108), nor Dr. Peter Gross,⁸³ the disciple of Charcot, can aspire to the stature of Slaughter's Dr. Michael Raburn,⁴⁰ the tall surgical fellow, and former football star (see p. 126). Dr. Gross, the neurologist who "treats" Richard Payson's advanced Huntington's disease, has "soft brown eyes" and wears "a little goatee."⁸³ He and Kripke belong to different but closely related species, that have only recently become differentiated from each other.⁸⁴

Hejinian's Dr. Aldrich, a playwright in his younger days,⁸⁵ decides that his literary abilities are only mediocre and that he is more likely to make an impact in medical research. He chooses a career in neurology, though some of his expressions like "desist" and "heed my advice" appear to go back to his play-writing days.

Despite these vestigial psychiatric oddities, it becomes clear during the second half of the twentieth century that the disciplines of neurology and psychiatry have little to do with one another. The "double-speak" language of psychiatry, which assumes that the patients' statements mean something other than what they say, is quite alien to the precise neurologist who deals with a delicate apparatus that is out of order, and, in most cases, cannot be repaired. Some neurologists are portrayed as harboring traits almost the converse of those associated with psychiatrists. Lacking communication skills,⁸⁶ they are more interested in tendon reflexes than in the owners of the limbs.⁸⁷ In their search for signs of dysphasia they subject stroke-sufferers to a form of torture.⁸⁸ Their pathetic attempts to make patients feel at ease, produce the opposite effect.⁸⁹ Professor Aldrich, the refugee from literature,⁸⁵ performs a meticulous neurological examination "testing reflexes and sensation as scrupulously as a Swiss watchmaker" but barely speaks to the patient.⁹⁰ As a result, the fictional neurological examination, with one notable exception,⁹¹ becomes almost as threatening a procedure as the standard vaginal examination⁹² (see also Volume 1, p. 107-8).

Having lost interest in their patients (except as malfunctioning complex mechanisms), neurologists revert to the rapaciousness and the insensitivity of undifferentiated medical doctors. Dr. Watson Kreck, visiting neurologist at the “Paradiso VA Hospital,”⁹³ and Dr. Steven Devore, Senior Neurology resident at San Francisco County Hospital,⁹⁴ have both become obsessed with money. Kreck is so busy looking after his financial interests (see also Book 2. pp.155-6) that his neurological practice has to be left in the hands of his assistants.⁹⁵ His own diagnostic skills (if they ever existed) have been replaced by

“flinging leaps into the unknown ... Dispensing with the tedious routine of questions, examinations and laboratory tests, he simply cocked his head, looked at the patient and tried to think of what he was reminded of.”⁹⁶

Kreck comes out with statements like “every disease is a neurological disease,”⁹⁷ presumably to impress his new resident, though he is sufficiently eccentric and sufficiently far removed from real medicine, to believe this nonsense.

Dr. Devore turns up on rounds carrying the airmail edition of the Wall Street Journal as well as a reflex hammer.⁹⁴ He regards all indigent patients in the hospital as a burden on the tax system and treats them like animals.⁹⁸ Like Dr Kreck, Dr. Devore comes up with diagnoses within ten seconds of first seeing a patient, but in his case the guesses still bear some relation to reality.⁹⁴ One feature distinguishes Devore from the common garden variety of the acquisitive physician: He suffers from intractable migraine.⁹⁸ Hejinian’s hero, Dr Joseph Womack, the compassionate resident, with his messy love life^{99, 100} and his messy apartment,¹⁰⁰ feels out of place in this tidy, “intellectual” non-caring neurological atmosphere. He ruminates about quitting medicine altogether,¹⁰¹ while his supervisors consider terminating his appointment.¹⁰² (see also Book 2, p.191).

Oncology

When oncologists explain the nature of their work, non-medical individuals express surprise and bewilderment. Even colleagues find it hard to understand the choice of oncology as a career. Why would any doctors want to limit their practices to patients who, by definition, are incurable? Dr. Macklin Riley, the over-compassionate oncologist in *Doctors and Women*¹⁰³ is asked this question

over lunch by the daughters of one of his patients.

'Why oncology?' 'There was a group of us ... at Cornell ... poor kids who didn't really fit in. We were anxious to be smart to show up our professors. A few of us figured out that the one area where they didn't know very much was ... cancer treatment. ... No one knew much about chemotherapy so I made it my business to learn.'¹⁰³

The daughter of another patient attending the same lunch, wonders whether he was motivated by "rebelliousness." The term is inappropriate. Macklin, who has no rich or influential connections, deliberately chooses a new area, where he hopes he will find it easier to establish a career for himself, than in the mainstream specialties.¹⁰³

The "poor boy" background obviously does not fit John Grisham's Dr Walter Kord,¹⁰⁴ a successful young Memphis oncologist who had attended a local prep school, Vanderbilt and Duke. However, his motives for picking oncology are very similar to those expressed by Macklin Riley: Supply and demand. Here is Dr. Kord discussing his career choice with a young lawyer:

Kord is the type who's not bothered by long lapses in conversation. 'Do you know what I do?' he finally asks. 'What?' 'I diagnose people then I prepare them for death.' 'Why'd you go into oncology?' 'You want the truth?' 'Sure. Why not?' 'There's a demand for oncologists. ... Oncology is less crowded than most other specialties. I guess someone has to do it. It's not that bad really. I love my work.'¹⁰⁵

Helen Garner's oncologist, Dr. Maloney,¹⁰⁶ a neat, friendly and efficient man, behaves impeccably from every point of view. He forms a sharp contrast with the "alternative" types at the "Theodore" establishment, who are slack about everything except money. He identifies "Nicola's" medical problem, (metastatic cancer in the C₇ vertebra), he organizes the appropriate stabilization procedure and he gives no indication that he would prescribe inappropriate treatment in order to prolong life for a few days. He even gives the impression of being happily married, using "the springy body language one sees in modern medicos whose wives make them jog, swim and eat low fat cereals."¹⁰⁶

The stereotype of the aggressive oncologist who will "never give up" is presented by Hejinian in his *Extreme Remedies*.²⁹ Richard Fuller, a forty-five year old sailor, is full of metastatic melanoma with at least two cerebral lesions and raised intracranial pressure.¹⁰⁷ He has right hemiparesis with severe dysphasia. The neurosurgeons, who are keen to become involved, have so far been kept at bay and it

seems doubtful that any sort of intervention is indicated. Enter Dr. Collins from oncology.¹⁰⁸ Collins, “grave and unctuous like a mortician,”¹⁰⁸ though relatively young, has “old mournful eyes.” He proposes to give the patient a course of “Necrotum,” a new drug* that works against melanoma in cell cultures.¹⁰⁸ The drug is known to cause a few “little” (see Book 1 p. 76) complications such as nausea, skin rashes, neutropenia and thrombocytopenia. Nevertheless the treatment goes ahead, much appreciated by Fuller’s girl friend. Within twenty-four hours¹¹² Fuller develops a massive hematemesis (? stress ulcer) and Collins, who is obsessed with survival times, proposes the standard treatment (lots of blood, gastroscopy and, if necessary, emergency gastric surgery.) “Now that Fuller was part of the national cancer study, every second of his life became a precious statistic.” From the oncologist’s point of view, the attitude of Dr. Womack, the neurology resident, who wants to let Fuller die without heroic procedures, is “irrational.”¹¹² A complaint is lodged with the appropriate authorities and Womack is threatened with dismissal for his “uncooperative” attitude.¹¹³

The oncology team in Edson’s *Wit*¹¹⁴ also adopts this “fight to the last drop of blood” attitude. Dr. Harvey Kelekian, head of the unit and noisy in his contempt for dermatologists, (see pp. 137-8) implies that oncologists are more “scientific” than the “superficial” dermatologists. His own superficiality is exposed when, on rounds, he quizzes his interns and residents about the adverse effects of chemotherapeutic agents and seems content with a totally mindless list.¹¹⁵

Dermatology and dermatologists

Despite their job satisfaction in real life,¹¹⁶ dermatologists are generally regarded as practicing a trivial branch of the profession, and treated as objects of derision. Dr Paul Konig,¹¹⁷ a forensic pathologist (see pp. 155-7), suffers from occasional self doubts,¹¹⁸ but he feels vastly superior to his millionaire classmate Bernard Nachtigal,

“a Park Avenue dermatologist with a clientele of movie stars and anxious politicians, spending his days curing dandruff and removing unsightly wens, transplanting hair from the back of the head to the front, dispensing cortisone for

* See Footnote in Book 1 p. 124 for the use of proprietary rather than generic names. “Necrotum,” derived from the Greek word for corpse, obviously seeks to ridicule the pharmaceutical companies’ efforts to bestow “catchy” brand names on their products. Similarly, Gaddis¹⁰⁹ creates nonsense poetry out of this drug-naming process, an essential prelude to aggressive marketing: “Palagren or Passiphen or Pento-Del or Phanodorn. Seconal or Sedamyl, Tolyphy or Tolyspaz.¹¹⁰ ...Diasal or Lesofac, Amchlor or Gustamate.”¹¹¹

everything from alopecia to acne ... all the cheap fraudulent claptrap [for] the man with the falling hair [and] the lady with the hirsute lip." ¹¹⁸

All dermatology patients are neurotic.¹¹⁹ "Dermatology isn't the most exciting specialty in the world", declares Paul McGill, the dermatologist, in *Doctors Wives*.¹²⁰ "You can get to be pretty much of an old maid, doling out ointments and freezing hyperkeratoses all day." Segal's Lance Mortimer ¹²¹ who considers dermatology as a career, abandons the idea for the same reason.

"Dermatology was boring. Seeing minor variations of the same rash a hundred times a week would be like having to look at a single painting all the time. If you were forced to stare at it hours on end, day after day, even Mona Lisa's smile would get on your nerves."¹²¹

The inferior status of physicians who chose dermatology as a career, shows up in a variety of ways. Dr Paul McGill, the dermatologist in *Doctors Wives*,⁷⁷ like several of his colleagues, has marital problems. In the case of the other doctors, the unsatisfactory marriages are due to the usual causes: alcoholism, mutual verbal abuse, and incorrigible womanizing (*see also* Volume 2, Chapter 1). Paul McGill's troubles are singled out for special mention: He is a premature ejaculator.¹²² In Seifert's *Doctor Tuck*,¹²³ the dermatologist, who obviously does not enjoy a high rank in the hospital hierarchy is vigorously patronized by his exalted surgical colleague, Dr. Tucker Fairbairn. Fairbairn, the romantic hero of the story, who is about to perform a major operation, has suddenly come out in a rash and telephones the staff dermatologist (appropriately named "Junior") before the morning surgical schedule is due to begin.¹²⁴ Tuck's assistants are listening to one side of the conversation: "Hello, Junior," said Tuck firmly, "Fairbairn here ... Sure I'm at the hospital. Only fellas like you had the brains to go into dermatology. No 8 a.m. surgery for you. Well listen to what I have to say and you can go back to bed."¹²⁴ (*See also* pp. 79)

Disdain for dermatology and its practitioners is not confined to surgeons. Edson's *Wit*¹¹⁴ contains a scene where Dr. Vivian Bearing, a professor of English Literature, complains to her oncologist about the laziness of her students who, she says, "are constitutionally averse to painstaking work." The oncologist responds that he has the same trouble with his students and goes on to imply that such an attitude might be appropriate for "superficial" dermatology but not for cancer medicine. "And this is not dermatology, it's medical oncology, for Chrissake."¹²⁵

Dermatology may be practiced by medical doctors, but the entire specialty is only slightly removed from witchcraft.

"No one knew what the hell went on there anyway. He'd seen an established dermatologist with a pretty fancy reputation diagnose the same condition in the same patient two different ways in two days and, when asked about it, check both previous diagnoses and come up with a third. Hell, you could go on like that for years. That's the way it is in dermatology."¹²⁶

The unnamed dermatologist in Guibert's *To the Friend who did not Save my Life*,¹²⁷ constitutes an exception. Because of his experience with Kaposi's sarcoma, he stands out among a collection of incompetent and insensitive physicians as the only doctor with sufficient expertise and compassion to treat an AIDS patient adequately.¹²⁸ In general, fictional dermatologists, like otolaryngologists, deal with "Mickey Mouse" problems and are incapable of looking after anyone with a "real" illness.

Obstetrics/ Gynecology

Doctors practicing obstetrics and gynecology certainly take care of "real" problems, but they are disparaged for other reasons.

"Gynecologists traditionally have the reputation of being the dummies of medicine: Surgeons laugh at their clumsiness in the operating room, internists at their ignorance of medical fact, psychiatrists at their insensitivity."¹²⁹

The assessment of obstetrics and gynecology as a "minor" specialty, practiced by individuals with minor talents goes back to the clownish Dr Slop,¹³⁰ the "man-midwife" of the eighteenth century.¹³¹ Despite tremendous advances in the subject in recent years, the perception of OB/GYN as a subject with a limited intellectual content continues to the present day, and deters a significant proportion of medical students who consider it as a career but, instead, chose other specialties.¹³² "The female pelvis is a small stage - made for actors with small talents," declares Dr Thorpe, a homosexual gynecologist, to a heterosexual general surgeon.¹³³ The teen-age children of Dr. Pascall, a "real" surgeon,¹³⁴ are appalled by the fact that their flirtatious mother has picked a contemptible gynecologist as the object of her attentions. "They only have to worry about four inches."¹³⁵ (See also Chapter 3.)

Budding obstetricians are attracted to the specialty because, in general, all parties concerned are delighted with the outcome of their activities. Medical students and recent graduates, who look forward to “the satisfaction of pulling out a baby,”^{20, 136} cannot understand how anyone can choose a specialty like oncology, that has to deal with dying patients. Dr Stephen Young, the obstetrician/gynecologist in Cook’s *Fatal Cure*¹³⁷ declares: “Half the reason I went into OB was because it’s generally a happy specialty.”¹³⁸ Dr. Henry Dwyer, former seminarian and one of the least attractive characters among the Harvard medical graduates of 1962,⁶⁷ decides on obstetrics because he enjoys

the thrill of bringing new lives into the world. Holding up a baby in the bright, festive light of the operating table and announcing grandiosely – somewhat like the Lord’s M.C. – ‘Mrs. Jones , you have a lovely boy/girl/set of twins.’¹³⁹

Confined to an extremely restricted field of activity, obstetricians/gynecologists are or become fussy pedants, focusing on minutiae. Dr. Paul Keating, the obstetrician in Hailey’s *Strong Medicine*¹⁴⁰ is a “fussy middle-aged man ... inclined to pomposity.”¹⁴¹ After 15 years, Professor Brian Tate¹⁴² still thinks of his wife’s obstetrician as a “cautious, prissy man”¹⁴³ (see also Volume 1, p. 125). Male obstetricians (who, in real life, are becoming rare¹⁴⁴) have to prove their masculinity by telling dirty jokes.¹⁴⁵

"Aims had noticed that many of the obstetricians told dirty stories while they were in the Hospital. And that they told more than any of the other specialists. Just as little boys who play only with girls fear that other little boys will regard them as sissies, so specialists who treat only women have ... misgivings about their colleagues' attitudes. That was why, Aims felt so many of the obstetricians took refuge in ... the mask of virility."¹⁴⁵

Sinclair Lewis’ up-and-coming obstetrician,¹⁴⁶ Fatty Pfaff, has “the soul of a midwife”¹⁴⁷ but lacks the brains to function even in that capacity.

[Fatty] was planned by nature to be a butt. He looked like a distended hot-water bottle. He was magnificently imbecile; he believed everything, he knew nothing, he could memorize nothing.¹⁴⁸

Fatty passes his anatomy examination after much coaching by his fellow students who "had for him the affection they might have had for a second hand motor or a muddy dog," and who prepare a "crib" which he manages to use during the examination without getting caught.¹⁴⁹ In his final year in

medical school this buffoon decides on a career in obstetrics, a specialty that suits him admirably.

"[Fatty] sympathized with women in their gasping agony, sympathized honestly and almost tearfully, and he was magnificent at sitting still, drinking tea and waiting. During his first obstetrical case ... Fatty ... longed as he had never longed for anything in his flabby yet wistful life to comfort this gray-faced, straining, unknown woman, to take her pains on himself."¹⁴⁷

Saul Bellow, the 1976 Nobel Laureate, provides one of the most detailed descriptions of a gynecologist in fictional literature.¹⁵⁰ Dr. Elya Gruner of New York City and New Rochelle, is a kind but extraordinarily weak man. His mother makes him go to medical school,¹⁵¹ his wife trains him in department,¹⁵² but "of his own free will he had probably done little."¹⁵¹ On the contrary, his main aim in life is to love and be loved by the entire world. He "courted everyone, tried to make contact with people, winning their hearts, engaging their interest, getting personal even with waitresses, lab technicians, manicurists."¹⁵² This feeble character decides (or someone decides on his behalf) that his most appropriate career is in gynecology, though, in time, he comes to dislike that specialty (see Book 1, p. 195, and Chapter 7, p. 231).

Dr Gilbert Thomas, the "scientific" Nova Scotia obstetrician¹⁵³ barely deserves inclusion in a work of this nature. Thomas is portrayed as a vicious and vindictive fool whose main function is to provide a contrast to Marie Babineau, the local midwife. Miss B., despite her age and her superstitions, possesses "people skills" and obstetric skills far superior to those of Dr Thomas. She provides gynecological and obstetric services to women in her isolated community while the doctor's principal activity consists of promoting his practice. On the one occasion when we see him acting "clinically," his activities might well have landed him in jail: He gives a "frigid" woman an orgasm with a vibrator.¹⁵⁴

Another obstetrician, Dubus' Dr. Art Castagnetto,¹⁵⁵ fails miserably during a non-obstetrical crisis. Castagnetto and friends watch helplessly as a boy, trapped under a heavy concrete slab, dies in front of their eyes. (The slab ultimately takes five men and a woman to hoist out of the water). In the middle of the unsuccessful rescue operation Art

"suddenly wanted to be held [by the woman] his breast against hers, but her eyes shrieked at him to do something and he

bent over and tried again to lift the slab.”

The next day Castagnetto realizes that he could have saved the boy with a piece of garden hose. He makes symbolic amends for his failure by cutting up his own hose and placing a piece in the trunk of his car together with his first aid kit, which includes a bucket of sand. Significantly, the author has portrayed the doctor as an obstetrician, a specialist normally in control of a limited number of situations, with specific remedies for every eventuality. Internists, frequently faced with uncontrollable scenarios, may have been inclined to shrug off the child’s death as inevitable, while a surgeon would not have displayed any weakness, and might even have thought of the hose before it was too late.

Ophthalmology

Ophthalmologists are not portrayed according to any recognizable stereotype. They may be aggressive, artistic, alcoholic or abstemious, and it is difficult to find a common denominator other than an interest in the organ of sight and its function.

William March goes out of his way to describe the undistinguished appearance of the world-famous ophthalmologist, who operates on *Bill’s Eyes*¹⁵⁶ (and fails). The blind patient, whose touching faith is about to be shattered, imagines his doctor as “a dignified man with snow-white hair ... about a head taller than any man [he has] ... ever met.” In fact, the doctor is a small plump man, wearing ill-assorted clothes. His hands “were so limp, so undecided in their movements that it seemed impossible for them to perform the delicate operations that they did.” Furthermore, he is unable to break the terrible news to the patient and hopes the nurse will do the job for him.¹⁵⁶

P.D. James’ Dr. Molravey,¹⁵⁷ a fussy little eye surgeon, operates

"without speaking an unnecessary word, whiskers twitching, and picking away with fastidious little paws at a succession of patients' eyes. Then he thanks everyone formally down to the most junior ... nurse, peels off his gloves and patters away again to play with his collection of butterflies."¹⁵⁸

Molravey has little in common with C.P. Snow's Dr Christopher Mansel,¹⁵⁹ the aristocratic "strong-willed" eye surgeon who treats Sir Lewis Elliot's detached retina. Mansel also has "deft fingers" but

his hobbies are more likely to include fox-hunting and yachting than collecting butterflies (see also Volume 1, pp. 214-5).

Robin Cook's Kevin Yansen¹⁶⁰ who chose ophthalmology because, like obstetrics, "it's generally a happy specialty" is loud-mouthed and aggressive. He enjoys basketball so long as he is winning. "He's not a particularly good sport," comments one of his colleagues. The most famous ophthalmologist in fictional literature, Dr Yury Zhivago,¹⁶¹ a poet and a deeply religious man, becomes interested in the physiology of sight because of his "pre-occupation with imagery in art"¹⁶² (see also Volume 2, p. 153). The historical Arthur Conan Doyle,¹⁶³ who subsequently becomes famous as a writer, "had always prided himself ... on looking carefully; so it did not require a spirit voice, or a table leaping into the air, to spell out his chosen calling – ophthalmologist."¹⁶⁴ Like some ophthalmologists in real life, Doyle develops "tunnel vision" and is unable to recognize the symptoms of tuberculosis in his wife.¹⁶⁵

Brian Friel's "Molly Sweeney"¹⁶⁶ is a symbolic play about "darkness," "light," "seeing" and "understanding" so that the doctor (Paddy Rice), of necessity, has to be an ophthalmologist. Rice, through sheer technical brilliance, has attained international recognition within a few years of graduation. He is aged thirty-one when "an Arab gentleman whose left eye had been almost pecked out by one of his peregrines ... sent his private jet to New York" to fly Paddy and a colleague to Dubai. The eye is saved and Rice "spent a week in a palace of marble and gold" playing poker with the crew of the jet and losing every cent of the prince's ransom he has just earned. Rice's life completely falls apart when his wife leaves him and he turns into an alcoholic drifter. Apart from the nature of "Mister Rice's" surgical activities and his very early arrival at the "pinnacle" of the profession there is nothing particularly ophthalmologic about his behavior. With a slightly different plot he might equally well have trained as a plastic or a cardiac surgeon.

One is forced to conclude that either ophthalmology is perceived as attracting totally diverse types of individuals or that, unlike general surgeons, ophthalmologists are too insulated from mainstream medicine to make a collective impact other than by their ability to "make millions each year."¹⁶⁷

Otolaryngology

The perception of the ear nose and throat surgeon as a single-minded, meddlesome interventionist¹⁶⁸⁻¹⁷¹ is discussed in detail in Book 1 of this series.¹⁷² The irrigation of nasal sinuses, the removal of tonsils and the insertion of grommets are all perceived as the feeble efforts of “would-be surgeons.” Dr. Jano, a medical pervert who rubs himself against *The Holy Girl*¹⁷³ in the street, happens to be an ear nose and throat man. Such assessments do not seem to have influenced the attractiveness of otolaryngology, which, in the early twenty-first century, remains one of the more popular surgical subspecialties.^{174, 175} Dr. Darrell Patterson, who leaves a surgical residency to become an emergency room doctor, and who is not entirely content in his new “specialty,” contemplates, in a perfunctory way, completing his surgical training and specializing in ENT surgery, which he describes as “low stress, high return.”¹⁷⁶

Orthopedics

“Strong as an ox and twice as smart or was that smart as an ox and twice as strong?”¹⁷⁷

This traditional caricature¹⁷⁷ does not translate into descriptions of orthopaedic surgeons in literature. Hailey’s Dr. Lucy Grainger,¹⁷⁸ uncharacteristically, is a woman.. Her mentor “Old Bones,” a knife-throwing, foul-mouthed dictator of the operating room¹⁷⁸ (see Chapter 3, p. 83) is indistinguishable from general surgeons of his generation. Dr. Tony Cullen in *Kingsley’s Touch*¹⁷⁹ is described as a butcher with a hacksaw,¹⁸⁰ but apart from his large girth and huge hands¹⁸¹ he is no better and no worse than a general surgeon. His approach to a colleague’s wife who suffers from chondrosarcoma of the upper femur is not particularly insensitive and his plan (“disarticulation”¹⁸²) while drastic, is medically correct.

Tom Wolfe’s Dr. Emory Nuchols,¹⁸³ whose surname rhymes with “knuckles,” comes across as a somewhat clownish fop rather than an ignorant and insensitive carpenter. He insists on being called “Emmo,” a name that reminds his star patient (Charlie Croker) of a motor oil or a laxative.¹⁸⁴ He wears a carefully designed beard, which fails to hide his “incredibly red” woman’s lips.”¹⁸⁴ However, his advice, though somewhat theatrical,¹⁸⁴ is sound, and when he finally performs Croker’s knee replacement operation,¹⁸⁵ he seems efficient and the artificial joint ultimately functions well.

Frederick Busch's Dr. Tench¹⁸⁶ looks most unlike an orthopaedic surgeon. He is extremely small and he wears square dark-rimmed glasses.¹⁸⁷ However, during his brief appearance, his foul language and his aggressive behaviour betray his calling. He unnecessarily "prods" a compound, comminuted tibial fracture, sending the patient into paroxysms of pain. He is unconcerned about the absence of an anesthetist and instructs a junior resident to "do him some Pentothal."¹⁸⁷ Eli Silver, the sad and gentle paediatrician (see pp. 146-7) is threatened with violence and legal action because of an innocent remark, which Tench interprets as a reflexion on his wartime activities. Silver is sent out of the room, the fracture is reduced (under Pentothal anesthesia) the leg is splinted in a cast and the patient recovers.

Dr. David Henry,¹⁸⁸ a recent addition to the list of fictional orthopaedic surgeons, is the antithesis of the strong, decisive, anti-intellectual stereotype of the bone setter. David, with his inborn "love for learning," studies "every spare moment" and graduates at the top of his class.¹⁸⁹ However, when it comes to picking a career, a sense of insecurity derived from his poor West-Virginian background, makes him opt for a "solid" specialty like orthopedics rather than "delicate" and "risky" cardiac surgery. The "random excitement of general medicine" is also rejected. We see little of David in his role as orthopaedic surgeon. His principal contribution to the plot of the story is his decision to deny the existence of his daughter Phoebe, who has Down's syndrome, and to try and convince his wife that the child, who is actually being reared by the doctor's ex-nurse, died at birth. This kind of behaviour, suitable for a flawed character in a Greek tragedy, is quite implausible in a modern setting, particularly in an orthopaedic surgeon. No wonder David sees himself as an "impostor."

The legendary Dr. Christopher Dowling, "a respected orthopaedic surgeon,"¹⁹⁰ fits in much better with the "orthopedic" stereotype. Dowling is interrogating Hippocrates, who has come back to earth after 2500 years, and is applying for admission to the Harvard Medical School.¹⁹⁰ The candidate is an excellent athlete, his examination scores are perfect, so he is full of confidence when he goes to the interview. Dowling asks Hippocrates what he considers the essential principle in medicine. When Hippocrates quotes his own aphorism "First, do no harm," the orthopaedic surgeon considers this attitude inappropriate in a Harvard medical student of the twentieth century and the application is rejected.¹⁹⁰

Pediatrics

Many physicians who consider pediatrics as a career at some stage, ultimately reject the idea, and practice adult medicine instead. David Hellerstein,¹⁹¹ who evidently goes through this process, has no problems with terminal elderly patients who, he implies, deserve what they get. “A good number of them had ruined themselves and, anyway, they’d lived, but not the kids.” When it comes to dealing with children, Hellerstein finds himself unable to cope emotionally. He finds it particularly difficult to look after infants.

“with irreparable defects in their hearts ... and freaky inhuman creatures with wide-set eyes and low ears and dull reptilian expressions. [He is unable to handle] babies who would never assemble a thought.”¹⁹¹

Another aspect of children’s medicine that bothers Dr. Hellerstein is the pain and suffering a pediatrician has to inflict on his patients.

“Try sticking a skinny little butterfly needle into the chubby wrist of a three-year old and you’ll see what I mean. You hurt them – they hate you. It’s not just babies either, it’s kids, ten, twelve and fourteen. You’re still part of the disease, the torture. You want to give up and cry with them ... The only part I liked was talking to the mothers.”¹⁹¹

Perri Klass¹⁹² uses the same arguments but reaches the opposite conclusion.¹⁹³ She derives no satisfaction from dealing with “self-induced problems.” She likes children better than adults and she likes pediatricians better than other doctors.¹⁹⁴

“The adult doctor can stride grandly into a patients room and announce we have decided to do this and that, and command respect from many patients. The pediatrician who says, apologetically, to a small patient that such and such a procedure is necessary and will only hurt a tiny bit, is frequently bitten or kicked.”

Klass does not explain why she finds such encounters appealing but she is fairly convincing when she explains that she understands anxious mothers and sympathizes with their exaggerated fears.

Snow’s Dr. Vicky Shaw,¹⁹⁵ and “Karen,” Hejinian’s innocent medical student,¹⁹⁶ envisage a different, happier kind of pediatrics.. “I like little kids” says Karen, “when they get better and go home, it's really rewarding.”¹⁹⁶ Vicky Shaw, a medical graduate but almost as naïve as Karen, expresses herself

in identical terms: "I might have enjoyed being a children's doctor ... they are going to get better, most of them."¹⁹⁵

Priscilla Hartshorn, a member of McCarthy's Vassar Group,¹⁹⁷ is married to Dr. Sloan Crockett, who does not reveal his motives for choosing pediatrics after working his way through medical school.¹⁹⁸ What he does reveal is an extremely rigid, unpleasant personality with a "one track mind," more suited to the nineteenth century than the late 1930's. (See also Volume 1, p.158). Crockett is obsessed with breast-feeding and "schedules." He would rather let his son cry hour after hour than have him picked up "unnecessarily" or fed before the set time.¹⁹⁹ Pacifiers are of course proscribed²⁰⁰ along with a variety of "unhealthy" foods²⁰¹ and toys.¹⁹⁸ When young Stephen Crockett takes his revenge by continuing to soil himself at the age of two and a half,²⁰⁰ the angry pediatrician-father will not lift a finger to help his wife change or wash the child.

This "Napoleon of the Nursery" is to some extent the product of the pre-Spockian era, when bath-thermometers and similar "scientific" instruments were considered essential to the well-being of young children. Crockett's rigid personality may also have been a familial trait – Sloan's father had been an army surgeon.¹⁹⁸ On top of all this, comes the lingering suspicion that the Draconian measures prescribed by Dr Crockett for his own son (and, presumably, for other infants) are unlikely to have been tolerated by adult patients.

Similarly, Slaughter's Dr. Timothy Puckett²⁰² "went into pediatrics because grown people couldn't stand him." Puckett, a "fat little man" with an awful name, has a propensity to engage in nasty intrigues. Both Crockett¹⁹⁷ and Puckett²⁰² are exceptions. Pediatricians may be more pedantic than physicians looking after adults, their position in the medical pecking order may be somewhat inferior but they do not take up a pediatric career because they cannot handle adults, and very few of them are "evil."

Dr. Eli Silver, "practice restricted to the treatment of infants and children"¹⁸⁶ displays none of the self-satisfaction and inflexibility that characterize Dr Crockett.¹⁹⁷ Silver, who went to medical school in New York City and worked as a resident in Cooperstown, NY²⁰³ now has an office practice in a small town in Upstate New York, where he also attends the local county hospital. His family life has been

shattered by the death of his only child and the departure of his wife,²⁰⁴ but he manages somehow continues to continue looking after other people's children. The essence of pediatrics, as typified by Silver's practice, is the sharp contrast between deadly and untreatable disorders on the one hand and self-limiting problems that require no treatment at all, on the other. His duties include "comforting stunned parents of the twisted newborn [and] helping the bereaved to order small coffins."²⁰⁵ With his family tragedy constantly in his mind, he ruminates about devastating disorders like "Niemann-Pick disease, tuberculoma, interstitial keratitis ... [babies] too ill to cry and too weak to gasp."²⁰⁶ When he is actually at work in his office "he measured babies, and weighed babies and dosed babies and kissed their sweet heads" and reassures mothers that their children's respiratory rates are normal.²⁰⁷ He draws hearts on children's forearms with a red ballpoint pen²⁰⁶ to distract their attention and to show them they love their mother awfully much. *Rounds*¹⁸⁶ is a great and disturbing book about medical life as a rotation of trivialities, stupidities, successes, partial failures and total disasters. Frederick Busch evidently feels that medicine, in this scheme, is best represented by a pediatrician.

Dr. Paul Swanstrom,²⁰⁸ a somewhat eccentric physician, decides on a career in pediatrics for idealistic reasons. He wants to educate the parents in the principles of "nutrition and preventive care" and to treat his young patients "before they're all screwed up." Predictably, his educational and preventive activities are appreciated among the "more middle class" section of the population, whereas "the poorer, more ignorant parents ... can't or won't understand or believe much of what he has to tell them."²⁰⁸ Swanstrom is a graduate of a regular medical school but, in his late thirties he turns "avant garde" to the point of freakishness. He does not own a TV, he does not drive a car and he is a vegetarian. Dinner guests do not sit on chairs around a table, but on bamboo mats on the floor. The menu includes broccoli with tangy sauce and eggplant with garlic.

Swanstrom, who has been divorced twice, now lives with a woman about half his age. The two of them are members of a percussion band where he plays the marimba and she is in charge of a set of bells. There are no children from either marriage or from the current liaison, and, because of his pessimism concerning the future of the world, he is considering a vasectomy. Despite his unusual opinions and outlandish life style Swanstrom is considered a competent pediatrician. Besides, "most of the kids aren't that sick."²⁰⁸

General Practice

In fictional works dating from the end of the nineteenth century “horse and buggy” doctors are, in general, treated sympathetically.^{209, 210} These old-fashioned general practitioners are not able to offer a great deal by way of therapy, but their presence gives comfort to the patients and the patients’ families, and the more experienced among them are able to provide some sort of prognosis.^{211, 212} Some, like Conan Doyle’s Dr. Winter, consider it their duty to stay with their dying patients to the very end²¹³ (see also Book 1, p. 90). Dr Evans,²¹⁴ a late survivor of the species, still performs occasional surgical operations (slowly but competently) during the Second World War.²¹⁵ One of his patients, who has a perforated small bowel as a result of paratyphoid fever, does not survive, but Evans, who has been in practice for forty years is not held responsible. On the contrary, he is a minor hero. As the only doctor in a small Welsh coastal town, he looks after the patients in the local “cottage hospital,” he makes house calls whenever summoned, he delivers babies²¹⁶ and he runs an office practice, while all the time suffering from attacks of angina pectoris, culminating in a major myocardial infarction.²¹⁷

By the early years of the twenty-first century, there are virtually no family doctors making house calls, but a few fictional general practitioners seem to enjoy their repetitive chores and do not worry unduly about their intellectual limitations and their bureaucratic constraints. Dr. Mark Goddard,²¹⁸ a family doctor in a large Atlanta medical group, has a busy practice which keeps “his mind engaged.” In July, he deals with an epidemic of “strep. throat.” In August, there is “the press of physical examinations for returning busdrivers and schoolteachers.” When high schools reopen, he provides certificates of physical fitness for hordes of upcoming football players. In September and October he is kept busy by older patients requesting flu shots and a little checkup “while I’m here.” An influenza epidemic in December keeps him at work twelve hours a day and, the last Saturday before Christmas, Gregry (sic) McHune, his star patient, turns up after a six months’ absence. McHune does not belong to the upper echelons of Atlanta society. He pays the doctor virtually nothing, he refuses to have tests, and his medications consist largely of free samples left by representatives of pharmaceutical firms. To make up for his lack of funds, he is a great raconteur and amateur philosopher, and he makes Dr Goddard feel content in his career.²¹⁸

Similarly, Miksanek’s family doctor is not particularly distressed by his diagnostic shortcomings (he

fails to recognize osteomyelitis of the cervical spine in a psoriatic patient), and he appears to enjoy adequate intellectual stimulation.²¹⁹ The efficient and intelligent Dr. Naomi Caplan,²²⁰ a “stick-thin woman pushing forty”²²¹ who conducts a general practice in the central business district of Melbourne, comes as a great relief after the incompetent “alternative” types who had been mistreating “Nicola’s” metastatic bowel cancer with intravenous ascorbic acid, ozone and coffee enemas. Dr. Caplan prescribes appropriate pain relief, directs Nicola’s friend to a pharmacy that will fill morphine prescriptions,²²¹ and promptly refers her to an oncologist when she discovers that Nicola’s current treatment is totally uncoordinated.²²²

However, these family doctors are exceptions. Even in the late nineteenth and early twentieth centuries, there were hints that general practitioners did not enjoy a high status within the medical hierarchy.²²³⁻²²⁸ and this state of affairs has not altered significantly in recent years.²²⁹⁻²³¹ Increasingly, the general practitioner’s activities are being portrayed as trivial, while “real” medicine is practiced by their specialist colleagues. For instance, Wallace Stegner’s Lyman Ward, the invalid hero of *Angle of Repose*,²³² is being “looked after” by two doctors. Ward’s surgeon amputates his leg, leaves him with a painful stump and runs off with his wife.²³³ “Little” Dr Hines, Ward’s general practitioner, is not capable of inflicting such harm, but neither is he able to make any meaningful contributions to the patient’s wellbeing. Even his unoriginal advice that an amputee suffering from an obscure bone disease ought not to live by himself in an isolated cottage through the coming winter, is not his own but reflects the fears of Ward’s son.²³³

Medical graduates who opt for family medicine are portrayed either as naïve do-gooders¹⁹⁶ (see p. 50) or as intellectual light-weights who cannot survive in the competitive world of prestigious residencies.^{226, 234} Such professional satisfaction as they manage to extract from their work, includes examining their little patients’ dolls during house calls,²³⁵ and maintaining the children’s belief that the new baby (provided it and its mother survive the home delivery) comes out of their black bag.²³⁶ The influence of this perception on career choices²³⁷⁻²³⁹ is discussed in Volume 2 of this series,²²⁷ and in Chapter 2 of this book (p. 53).

Many doctors are lampooned in fictional literature: The surgeon for his aggressiveness (see pp. 67-8), the psychiatrist for his outlandishness (see pp. 110-1) and the pathologist for his morbid interests (see

p. 153). The caricatures of general practitioners emphasize stupidity and incoherence. Sinclair Lewis' GP does not have "a lot of letters after his name" but claims that his asthmatic patients improve when he treats them with foxes' lungs.²⁴¹ He is not intimidated by skeptical comments from a pulmonary specialist.

'[He] said it wasn't scientific - and I said to him, 'Hell!' I said, 'scientific,' I said, 'I don't know if it's the latest fad and wrinkle in science or not,' I said, 'but I get results.'²⁴¹

Cyril Kornbluth's general practitioner²⁴² who lives the 25th century AD and in a society consisting of subhumans and superhumans, is even more incoherent and moronic.

[Dr. John Hemmingway} did not hold with running to specialists with every trifling ailment. He often said as much in approximately these words: 'Now, uh, what I mean is you get a good old G.P. See what I mean? Well, uh, now a good old G.P. don't claim he knows all about lungs and glands and them things, get me? But you got a G.P., you got, uh, you got a, well, you got a ... all-around man! That's what you got when you got a GP.'²⁴²

Despite his evident lack of intelligence, Hemmingway is quite a good doctor. The superhumans have designed a *Little Black Bag*²⁴² containing sophisticated apparatus, which enables idiots to diagnose and treat most human disorders.

Goldsworthy's Dr Hedley McKenzie²³¹ who informs his patients at every opportunity that he attended Adelaide Grammar School on a full scholarship,²⁴³ may have been a talented examination candidate in his earlier days. However, by the time he appears in *Everything I Knew*,²³¹ practicing in a small Australian town during the second half of the twentieth century, his behavior has become so bizarre that in a less remote setting it might well have attracted the attention of the police and the legal profession. McKenzie "a lifetime bachelor with a food-flecked beard and a befuddled mumbling manner" reads science fiction stories while delivering babies and almost misses the crucial moment.²⁴⁴ His remarks on trimethylamine in vaginal secretions (whether correct or not) are inappropriate in a lecture on sex education to a "confirmation class."²⁴⁴ He fails to recognize the desperate state of mind of Pamela Peach, an unmarried high school teacher who has been impregnated by one of her students.²⁴⁵ When Pamela dies under a train a few days after the consultation, the doctor's conduct at the suicide scene is almost criminal. The victim's head and body have been covered but a severed foot

has inadvertently been left on the track. Dr. McKenzie considers this an appropriate moment to demonstrate the anatomy of the ankle joint to a group of sightseers.²⁴⁶ Despite his erratic activities, Dr. McKenzie practices at Penola for another forty years, because young medical graduates don't want to leave the cities.²⁴⁷

By contrast, Dr. Samuel Abelman (MD Bellevue, 1912), the dedicated and capable GP hero of *The Last Angry Man*,²⁴⁸ who displays no signs of stupidity, is destroyed by his rigidity and his increasingly unpredictable and "undetached" behavior (see Volume 1, pp. 176-7 and Vol. 2, p. 79). In Medical School, one of Abelman's professors (Dr Harlow Brooks) strongly encourages him to go into general practice. During house calls, says Dr. Brooks, the doctor can see the pictures on the patient's bedroom wall,²⁴⁹ and these "works of art" might provide more useful diagnostic information than a stethoscope. Every day in general practice "will present a new prospect, new things to learn, new gifts to impart to people."²⁴⁹

Abelman takes the professor's advice and sets up in practice in an immigrant area in Brooklyn.²⁵⁰ The work is hard, especially during the 1918 influenza epidemic,²⁵¹ the financial rewards are meager and there are the usual frustrations involving drunken, suspicious patients,²⁵² meddlesome bureaucrats,²⁵³ and unexpected deaths.²⁵¹ But he feels he is leading a good and useful life.²⁵⁴

By the time he reaches the age of thirty-eight, Dr Abelman is becoming disenchanted with his career. "He still loved the work, the challenge, the mystery"²⁵⁵ but he feels that his specialist colleagues are advancing while he is standing still. "He often wondered whether he was right in remaining in general practice ... It was no secret that the big money, the easy regular hours, the dignity of being a professor" came with specialization.²⁵⁵ He considers going back to Bellevue to train as a radiologist but such a move would mean further study and examinations, as well as a temporary loss of income, and the plan is not put into action. Abelman tries to train as a surgeon²⁵⁶ but while he is able to master the technical aspects, he lacks the necessary detachment, and abandons his brief surgical career. "Secretly, he was glad to plunge back into the day-to-day routine of vaccinations, tenement calls, taped ankles and the pleasant hum of a filled waiting room." At one stage he has visions of becoming a consultant in internal medicine, but the covered post goes to a better-qualified colleague.²⁵⁷

At the age of fifty, Abelman, at the request of his wife, goes back to see Professor Brooks, this time as a patient²⁵⁸ When asked about his chief complaint he replies: “I guess I’m just fed up.” Further questioning brings out the fact that Abelman does not mind the long hours and the poor pay. He feels frustrated by the ingratitude of the patients and their relatives, who haggle over small sums, constantly ask for second opinions and “don’t appreciate anything I do for them.” Professor Brooks replies that his own patients are equally ungrateful,²⁵⁸ but he evidently does not understand or does not want to understand the difference between himself, an academic working from an office within an institution, and a slum doctor who has rape cases literally dumped on his doorstep.²⁵⁹ He prescribes a vacation, which, predictably, does not cure Dr Abelman’s anger and does not diminish his outbursts against his patients, against his colleagues, against the authorities, against “them.”

Dr. Robinson Tanner in *The Practice*,²⁷ a more recent general practitioner, is, like Dr. Abelman,²⁴⁸ an apparently intelligent man, and, unlike Abelman, he exhibits no overt behavioral abnormalities. However, Tanner’s chosen career emphasizes the multiple problems inherent in contemporary general practice. Rob “had dreamed of a family practice ... since his first years of medical school.”²⁶⁰ When his dream becomes a reality and he joins a family practice in “Twin Forks, Montana,” he learns, the hard way, that medicine as a cottage industry in a picturesque, isolated town is fraught with dangers for patients and doctors, and that a small town ambience does not protect medical marriages from disintegration.^{261, 262} He discovers that medical infighting both between practices and within the same practice is as endemic amongst small town doctors as it is in large institutions.^{263, 264} (See also Book 2, pp. 36-7). Above all, medical treatment in these surroundings is frequently suboptimal and bound to remain so. Rob is taught this lesson while trying unsuccessfully to treat an eight-year old boy with a forearm fracture. After two hours of futile attempts to achieve a closed reduction, Rob turns to Esther Briggs, R.N. for support.²⁶⁵ “ ‘What am I doing wrong?’ ‘You’re not exactly doing anything wrong,’ Esther said. ‘You just aren’t doing it right. That’s why the bone men open these up and pin them.’ “ The nurse is reminding Rob, that general practitioners, by the nature of their calling, are less well qualified to deal with some clinical problems than the relevant specialists. If they persist in trying to tackle such problems, they are likely to land themselves and their patients in trouble.

With increasing demands for primary care physicians, and a reluctance on the part of young graduates to enter such careers,^{1, 14} some medical educators have grafted primary care departments on to

teaching institutions. Ravin²⁶⁶ tells the story of one such grafting experiment which is not a resounding success.²⁶⁷ The “General Medicine Clinic” at “Manhattan Hospital” is under the direction of a primary care man, who serves as a very effective negative role model for the resident staff.

“Ryan had once asked him what [primary care] meant and received a rambling jargon-filled response from which he understood that the primary care man decried the cutting up of patients into various organ systems by sub-specialists. The primary care man wanted to see the patient as a whole human. His eyes filled with hot tears over technology elbowing its obstructive dehumanizing way into medicine. He apologized to Ryan and almost everyone who would listen, for medical hardware and the trappings of medical professionalism. He wore a turtleneck sweater under his lab coat.”²⁶⁷

“Ancillary” Doctors

Several of the new specialties that have evolved over the last century provide services to colleagues rather than patients. Physicians practicing these branches of medicine, which include pathology, radiology and anesthetics, perform vital functions, particularly in hospital settings, but because they do not coordinate treatment, their roles have been perceived as inferior to those of “proper” doctors.

In real life, this relationship has changed considerably in recent years. The specialty of pathology now comprises a variety of interesting subspecialties, unheard of in the early twentieth century.

Pathologists no longer perform autopsies,^{268, 269} they have “come out of their basements”,²⁷⁰ and many have turned into wealthy entrepreneurs.²⁷¹ In hospitals, pathologists now control massive budgets and supervise hordes of technologists performing a large assortment of tests. Contemporary hospital anesthesiologists direct intensive care units where they are liberated from their subservient status¹⁶⁷ and, instead, preside over other specialists' disasters. Radiologists in addition to "discussing pictures,"²⁷² have become treating doctors and are threatening to put vascular surgeons out of business with their interventionist techniques. Fictional literature scarcely reflects these recent changes and continues to stress the “auxiliary” nature of these non-patient based specialties.

Pathology and pathologists

"Wouldn't the ideal thing for some doctors be sickness without any sick men?"²⁷³

Almost all fictional descriptions of pathologists date back to the time when the specialty was

institution based, when its practitioners were relatively poorly paid²⁷⁴ and when their principal role consisted of the performance of autopsies and the provision of a histopathology service. Despite the recent changes (see p. 153), the status of fictional pathologists does not appear to have improved and, in real life, the popularity of pathology as a career has actually declined.²⁷⁵

In medical novels, pathologists work in “drab” and “damp” offices;²⁷⁶ situated in “musty basements,”²⁷⁷ “past the clanging pipes of the furnace room.”²⁷⁸ They are contemptuously referred to by “genuine” physicians as “chair-borne slide shufflers,”²⁷⁹ “ass-bound bureaucrats”²⁷⁹ and “necrophiles.”²⁸⁰ Abse’s pathologist who recites the autolysis rates of all the organs in the human cadaver over lunch, and then goes on to “pick shredded meat from his canines” is compared to a hyena.²⁸¹ Many non-medical persons have no idea what pathology involves and believe that a pathologist is a kind of technician. Dr Joseph Pearson, Arthur Hailey’s elderly, resentful, out of date staff pathologist who is going through an identity crisis,³⁷ is envious of his surgical colleagues, their sense of purpose, their pay and their status. Pearson, “whose work was essential but undramatic ... had chosen a branch of medicine seldom in the public eye.”²⁷⁴ He is painfully aware that many non-medical individuals ask: “What does a pathologist do?” No one ever said: “What does a surgeon do?”²⁷⁴ Towards the end of his career, as his resentment grows and his political skills dwindle, Pearson chooses the case of a moribund patient who had died after a negative laparotomy, to make an unprovoked, personal attack on a senior member of the surgical staff during a “Complications and Mortality” meeting.²⁷⁴

Unlike psychiatrists, pathologists can not be set aside by “real” doctors as irrelevant clowns (see also Chapter 3, p. 79). “Treating” doctors, especially surgeons, may regard pathologists as fussy and pedantic time-wasters who have to be put in their place from time to time, but they need them in much the same way as mediaeval autocrats required the Church to legitimize their activities. In the same way as the mediaeval Church-State equilibrium occasionally tilted in one of the other direction, tensions may develop between the disciplines of surgery and pathology, though open ruptures are generally avoided (see also Chapter 3, p. 79). A typical surgeon-pathologist encounter is described by Dr. John Berry, the pathologist-hero, in Michael Crichton’s *Case of Need*.²⁸² There has been a disruption in the histopathology laboratory earlier in the day and the frozen section reports have been delayed.

"The telephone rang. I knew it would be Scanlon down in the [operating room] wetting his pants because we hadn't gotten back to him in thirty seconds flat. Scanlon is like all surgeons. If he is not cutting, he's not happy. He hates to stand around and look at the big hole he's chopped in the guy while he waits for the report. He never stops to think that after he takes a biopsy and drops it into a steel dish an orderly has to bring it all the way from the surgical wing to the path labs before we can look at it. Scanlon also doesn't figure that there are eleven other operating rooms ... [Surgeons] just want to bitch. It gives them something to do. All surgeons have persecution complexes anyway ... As I went to the phone I stripped off one rubber glove ... 'Berry speaking.' 'Berry what's going on up there?'... I just said: 'You've got a malignancy.' 'I thought so,' Scanlon said, as if the whole path work-up had been a waste of time."²⁸²

Similarly, young Dr. Patrick O'Meara,²⁸³ who takes over the pathology department of the Gulfside Hospital (operated by "Hospitals Inc."), soon learns to adjust to the political hierarchy of the institution and to keep to his "proper station." O'Meara arrives full of enthusiasm, determined to turn the Pathology Department at Gulfside Hospital into a small replica of the Department at Johns Hopkins. He organizes weekly tissue conferences and on the first occasion presents "half a dozen uteri [that had been] taken out during the week, and diagnosed them as being normal."²⁸³ O'Meara tells a friend what happened when the offending gynecologist complained to Jack Pryor, the hospital administrator:

'Jack called me in to say I should do my job as a pathologist and find more pathology. Which I do now.' 'Should I ask, how? Or would that embarrass you?' 'Oh, I manage to be ethical and still keep my job. Slice a uterus up enough and you'll find some tissue that looks like a fibroid which you dutifully report as the pathologic diagnosis ... and everybody's happy.'²⁸³

Pathologists' wives express unease and embarrassment when talking about their husbands' chosen career. Dr Kerrison wife,²⁸⁴ who is about to walk out on him, reveals her contempt for pathology and pathologists in her "farewell-address":

"You haven't got the guts to be a real doctor ... You couldn't take responsibility for living bodies, blood that can flow, nerves that can actually feel. All you're good for is messing about with the dead."²⁸⁵

When Dr. Paul Konig,¹¹⁷ a brilliant cardiology resident in his twenties "with the whole world before him" suddenly decides, after two lectures by a forensic pathologist, to enter that specialty, his wife is appalled at this career change and attributes it to Paul's "natural morbidity [and his] fatal attraction

for the grotesque."¹¹⁸ His daughter Lauren is even more enraged. As a child of eight she is so ashamed of her father's specialty that she describes him to one of her friends as a "great healer."²⁸⁶ When her mother is dying of metastatic sarcoma and Paul recommends against amputation, she becomes hysterical:

"You hate surgeons. You hate all other doctors. Because you're jealous. They have all the glory and prestige of saving lives while you do nothing but poke around with dead flesh."²⁸⁶

What sorts of persons are attracted to this kind of work? According to Hiaasen, pathologists are "notoriously weak at making small talk."²⁸⁰ Michael Crichton's pathologist, Dr. John Berry, describes himself as "clumsy and abrupt with people. I guess I don't like people very much; maybe that's why I became a pathologist in the first place."²⁸⁷ Somerset Maugham's Charles Bishop,²⁸⁸ though "good natured and amusing" is also "dogmatic, somewhat conceited, argumentative ... and caustic." One of his medical classmates describes him, half-jokingly, as "an overbearing, aggressive and cantankerous fellow," a description that certainly fits Bishop after he has had a few drinks.²⁸⁹ Dr. Kaye Scarpetta, the pathologist-heroine of Patricia Cornwell's novels²⁹⁰⁻²⁹³ is discussed in detail in Volume 4 of this series.

Fictional pathologists may compensate for their lack of status by pointedly demonstrating the diagnostic errors of their clinical colleagues. Bishop, who is not very popular with other members of his profession "made no secret of the fact that he looked upon them as a set of incompetent idiots."²⁸⁸ Dr. Leland Weston⁵² who has "trained most of the pathologists in Boston" despises clinicians who diagnose their patients on the basis of physical examinations and radiological tests. He announces to anyone willing to listen: "Nobody ... knows anything until the post-[mortem] is completed."²⁹⁴ Dr. Joseph Pearson, the old pathologist in *The Final Diagnosis*,²⁷⁴ disrupts an entire "Death and Complications" conference with a personal attack on a surgeon who had missed a case of pneumonia (see also Book 2, p. 80, and p.154 above). Paul Konig¹¹⁷ entertains some lingering doubts about his "seedy, unheroic vocation".¹¹⁸ but in his case the mind-set that only pathologists can deliver correct diagnoses, assumes messianic proportions verging on paranoia. Here is Dr. Konig, holding forth after a night in the mortuary:

" 'Why do I do it? ... I do it because no one else will do it. No one else cares. All these here, working with me now - you think they'll do it? They won't. They ... are trimmers and fakes. Come here three, four years, put in their time with me, then go off to some cushy job in the suburbs ... I do what all your fancy pants Park Avenue sons of bitches with their fancy office hours won't do. I do the shit work. I clean up after the goddam party. And if they don't like it- 'If who doesn't like it?' 'All of them. The Mayor. The Police Commissioner. The New York Times. You. The whole goddamned kit and caboodle of you. I do this work because I love it.'"²⁹⁵

Anesthetics and Anesthetists

Anesthetists, though vital to the organization of any major hospital, are nevertheless treated with a considerable degree of ambivalence. They occupy a higher station in the medical hierarchy than the "trivial" dermatologists (see pp. 136-8), the "outlandish" psychiatrists (see pp. 107-17) or, arguably, the "meddlesome" ENT surgeons,²⁸⁶ (see pp. 143) but they are nowhere near the pinnacle of the profession where the surgical "aristocrats" reside.²¹ (see also Chapter 3 pp. 60-1 and p. 76) In his unique evaluation of medical careers in *The House of God*⁶³ the Fat Man describes anesthetists as leading a life of "boredom punctuated by panic" and as having to "endure, on a daily basis, the contempt of surgeons."¹⁶⁷ Dr. Richard Short, Collee's rich and cynical anesthetist¹⁷⁹ does not have to worry about his status, but his work "bore[s] him to death.." He is jealous of the dedicated Dr Alistair Kingsley, the surgeon, who maintains an ongoing interest in his own work.²⁹⁷

Unlike the aggressive surgeons who make their colleagues' lives more difficult, anesthetists are facilitators. Mara Fox, the female gynecologist in Goldsworthy's *Honk if you are Jesus*²⁹⁸ is full of praise for Max Henning, her anesthetist:

"Max Henning sat at the head of the patient - the wrong end, the boring end - a small white masked man rhythmically squeezing a bag. 'Discovered a new Vietnamese restaurant the other night,' he was murmuring. They have this hot fish soup. Makes your eyeballs bleed.' Max had been my favorite among the staff anesthetists for years. And not just for his clinical competence, his skill with the gas. His voice was also a potent anesthetic. Soothing gossipy, diffuse - a kind of background music."²⁹⁹

Max, the peacemaker, tries to defuse the tension between Mara Fox and the operating room nurse. He humors Mara, laughing at her jokes, becoming serious when "he sensed the seriousness behind the joke." He has to take a tea break even though he would have preferred to continue. In the power structure of the operating room, he is clearly inferior to the gynecologist and he knows his place.²⁹⁹

The “bulky” anesthetist in *East Side General*³⁰⁰ is cast in the role of a faithful retainer who refuses to abandon his surgical master during a crisis. He and the operating room nurses bravely stay at their posts during a hospital fire.

Similarly, the relationship between Richard Selzer’s surgeon and his anesthetist³⁰¹ is essentially that of a kindly master and an efficient servant. “David,” the anesthetist is great when it comes to routine tasks such as measuring blood gases or adjusting transfusion rates. When major policy decisions are made, he has to obey orders.

“You will see how kind, how soft he is. Each patient is, for him, a preparation respectfully controlled. Blood pressure, pulse, heartbeat, flow of urine, loss of blood, temperature, whatever is measurable, David measures. And he is a titrator, adding a little gas, drug, oxygen, fluid, blood ... He is in the very centre of the battle, yet he is one step removed; he has not known the patient before this time nor will he deal with the next of kin. But for him the occasion is no less momentous. [David's "kindness" and "softness" manifest themselves at the climax of the operation when the surgeon discovers that the patient's gastric carcinoma has eroded the wall of the aorta.] David has been pumping blood steadily. 'He is stable at the moment' he says, 'where do we go from here?' 'No place. He's going to die. The minute I take away my pressure, he'll bleed to death.' I try to think of possibilities, alternatives. I cannot, there are none. Minutes pass ... 'Dave' I say, 'stop the transfusion' ... 'I can't,' he says. 'Then I will.' I say, and with my free hand I reach across the boundary that separates the sterile field from the outside world and I close the clamp on the intravenous tubing. It is the act of an outlaw, someone who does not know right from wrong. But I know that this is right ... 'The oxygen.' I say 'Turn it off.' 'You want it turned off, you do it.' I turn it off." [The patient dies on the operating table a few minutes later].³⁰¹

Sometimes, the relationship is less harmonious.. When things go wrong in the operating room, surgeons hurl abuse²⁸² and scalpels³⁰² at anesthetists. Dr Alester Ravelston Orr, the prominent Edinburgh surgeon,³⁰³ kicks the stool from under his anesthetist, sending him sprawling to the floor. The reader feels little sympathy for the wretched victim of this assault, who had been sitting by his machine, working on a crossword puzzle, and paying no attention to the restless patient. The chief of anesthetics, who happens to wander into the operating room at the precise moment when summary justice is being meted out, appears as lazy and ineffectual as his recumbent junior colleague.

“He had a mask dangling under his chin, and carried in one hand a cup of coffee and in the other the morning’s Scotsman, open at the sports page. He looked round, then spoke: ... Dearie me, I can’t turn my back for a moment, but something happens.”³⁰³

Another of Colin Douglas' anesthetists³⁰⁴ "a bit of an oaf" is paying attention to one of the nurses rather than to his patient. The nurse, more observant than the lecherous doctor, notes that the patient looks terrible and has a pulse rate of 40 per minute. The patient develops a cardiac arrest and dies.

Frede⁶⁵ is particularly contemptuous of his anesthetists, who thoroughly deserve their lowly status. They sit at the head of the operating table where no one takes any notice of them.³⁰⁵ They have to listen to the surgeon discussing last Sunday's football match and join the nurses in laughing at his unfunny jokes.³⁰⁶ When the head of obstetrics decrees, on very inadequate grounds, that a particular patient is not to be given an epidural anesthetic, the head of anesthetics has to comply, even though the decision is clearly incorrect.³⁰⁷ Anesthetic training is so brief and so simple, that it can be obtained while the trainees serve in the army.³⁰⁸ Anesthetists reach their peak in terms of earning capacities soon after completing their training. The entire specialty is a "cop-out" for those who do not want the responsibility attached to the more prestigious specialties or who cannot last the distance in more rigorous training programs.

A complete sub-plot in *The Interns*⁶⁵ is based on Jay Fishbein's decision to give up neuro-ophthalmology and to transfer to anesthetics.³⁰⁸ Neuro-ophthalmology, a new field, involves at least four years' residency, possibly longer, with inevitable penury during the training period.³⁰⁸ Jay wants to spare his wife, Lois, the extra years of pennilessness and childlessness and decides to abandon this exciting specialty and to transfer to anesthesiology. Lois, who has been paying the rent by working as a secretary, has other ideas. "What's this I hear about you switching to anesthesiology?" she shrieks at her husband. There is a tearful, drunken reconciliation and Jay agrees to abandon the undistinguished field of anesthetics and to go back to his original plan.³⁰⁹

Dr Jeffrey Anson Taylor, the hero of *Lethal Dose*,³¹⁰ had "always thought of himself as a surgeon ... a real doctor, somehow anointed in a way that those involved in non-surgical specialties could never be."³¹¹ When his left ulnar nerve is torn during a skiing accident and he is left with two useless fingers, Taylor leaves surgery and joins the "gas-passers" whom he had previously despised.³¹¹ After a spell on the euthanasia team (see Chapter 8, p. 267) he decides, despite his deformed hand, that he wants to go back to being a "real doctor" which means surgery rather than anesthesiology.³¹²

Anesthetists tend to have foreign names, speak with outlandish accents and display other characteristics appropriate to their inferior rank (see also Chapter 3, pp. 63 and 79). Ravin's anesthetist, Dr. José Cruz,³¹³ has been summoned to the intensive care unit during the night to see a patient, whose aortic valve had been replaced earlier in the day, and whose condition is now giving rise for concern.³¹⁴

"José. Cruz was a fat Mexican who always looked as if someone were standing on his foot but he was too polite to say anything about it ... He said ... with his Mexican intonation, 'this is Dr McIlheny's patient. I think he maybe might be unseating the valve. But Dr McIlheny does not like to hear bad news. I will call first the resident. I am just an anesthesiologist.' "

The patient's internist has no compunction about not going through the established "chain of command," and calls McIlheny without wasting time with the resident. Cruz is most impressed. "Boy, you got guts," says José. The internist points out the difference between himself and the anesthetist: "You got to deal with Dr McIlheny. I got to deal with this guy's wife."³¹⁴ Subsequent events confirm the reader's earlier impression that Dr José Cruz is a cowardly poltroon.³¹⁵ Having previously fulminated about Dr McIlheny's incompetence,³¹⁶ he now refuses to testify appropriately when a committee is set up to investigate the relationship between McIlheny and his staff.

"I asked José what he thought of McIlheny. He acted as if he didn't quite understand the question and said Dr McIlheny had very good credentials. ... I asked him whether he was afraid to bring complications to Dr. McIlheny's attention ... 'Would you say that Dr McIlheny is the kind of man ... who might find insult where none was intended?' José again acted as if he needed a translation. He had a convenient habit of not understanding when things got sticky. 'I think Dr McIlheny is a man of great pride,' was all he finally said. I gave up and they let him go."³¹⁵

Nourse's "Where do you find an anesthetist who doesn't get drunk?"³¹⁷ reflects the epidemiological studies of Talbott et al.³¹⁸ who found alcoholism more prevalent among anesthesiologists than among other physicians. In general, the fictional perception of anesthesiologists includes subservience, insignificance, and lack of intellect rather than substance abuse.

Radiology

Like anesthetics, radiology constitutes a specialty dedicated to providing supportive services to practicing clinicians and, like anesthetists, radiologists are treated with a certain degree of condescension by their more adventurous colleagues. Abse's surgeons who "open men,"³¹⁹ refer to radiologists as "slowcoach," and "incurious."³¹⁹ Some doctors who choose radiology as a career, lack sufficient intelligence to obtain training in a more distinguished specialty. Hiaasen's pathologist, during a particularly unsavory autopsy, wishes "he'd gone into radiology like his dumb cousin."²⁸⁰ Dr. Chase in *The Diagnosis*³¹ "wanted to be an engineer but didn't have the math."³²⁰ He studies medicine instead, and ends up in radiology, a specialty that allows him to become infatuated with complicated machinery even though, at critical moments, the apparatus may not function.

More commonly, Radiology is presented as an ideal career for physicians who want to get away from patients.^{167, 306} "None of this business of having to smell them all the time, to see their lousy conditions all the time ... In, out. Click on, click off. Look at pictures. Discuss pictures. ... And ... those guys make Money with a capital M."³⁰⁶ Selzer's Arnaldo Cherubini,³²¹ who "looks every inch the distinguished professor," presumably comes from a wealthy Brazilian family. He does not have to worry about the financial aspects of his career choices, and he expresses himself in less vulgar terms than the inadequate and disgruntled Con Mercouris.³⁰⁶ However, the motives for choosing radiology are very similar in the two men..

Thirty years ago, when the time had come to choose which field of medicine he would pursue, Arnaldo Cherubini had at once decided on radiology. It had been a brilliant albeit a natural selection. For from childhood he was possessed of an innate fastidiousness that caused him to step back, to recoil even, from the unlovely facts of the flesh – the way it snorted, spat, sweated, defecated, putrefied. The X-ray beams stripped the body of its distasteful functions as of all its superfluties and so redeemed it in his eyes. To be a radiologist, he decided, was congenial to his instrument, and he had never once regretted his choice.^{321*}

Dr. Iggy Bart, one of the brightest products of the "Manhattan" medical school²⁶⁶ tells William

* In Selzer's story the "X-ray beams" assume a sinister significance. They provide Dr. Cherubini with a brilliant career, but also produce radiation sickness and death in an inhabitant of the city's rubbish dump, who is inadvertently exposed to a large dose of radioactive cesium originating in Cherubini's department.³²¹

Ryan, one of the interns on his team, that he intends to go into radiology as soon as he finishes his internal medicine residency.³²²

'Rads are good money and nice hours, but you'll miss the patient contact,' Ryan told him eagerly. 'That's the best part of it,' said Iggy. ... 'How can you say that?' demanded Ryan. 'You'll say it too by the time your internship is over,' said Iggy. 'I know you think the real reward is the grateful patient. You picture yourself walking down the street with your black bag, people saying 'There goes good ol' Doc Ryan' ... What they're really saying is 'There goes Doc Ryan. My husband's heart attack paid for his new sports car.' [The radiologist's anonymity obviously protects him from this type of ingratitude.]³²²

Dr. Lindsey Geller's ex-husband, a radiologist, "doesn't like people, so he didn't want to have to deal with patients." Moreover, according to his ex-wife, he is pathologically pre-occupied with himself, "jogs, lifts weights ... go[es] mountain climbing" and conducts his life "according to the precepts of Nietzsche."³²³

All this gives rise to the perception that radiologists have medical degrees but are not real doctors. They are interested in gadgets, money, and convenient working hours. Doctors taking care of "real patients" envy their life styles but despise their lack of clinical involvement³²⁴ (see also Chapter 3, p. 78).

Marginalized Doctors

Every class of medical students contains individuals who, for a variety of reasons, will not fit into the mold of the professional doctor. Some of these "misfits" do not complete the course³²⁵⁻³²⁷ (see Chapter 1, pp. 34-5). Others manage to graduate but cannot adapt to any of the available disciplines. These doctors, in real life³²⁸ and in fiction,^{329, 330} "take care of" poor and untreatable patients, especially those with self-destructive habits, and, in the process, become even more marginalized from mainstream medicine (see also Book 2, pp. 194-5).

Doctors working for commercial enterprises or governmental agencies are also perceived as practicing something other than real medicine. An early example of a company doctor is provided by Joseph Conrad in *Heart of Darkness*.³³¹ Charles Marlow, the central character in the story, has to

undergo a medical examination prior to his departure for the Congo. "The old doctor felt my pulse, evidently thinking of something else the while. He was an unshaven little man in a threadbare coat ... with his feet in slippers and I thought him a harmless fool."³³² Contemporary doctors working for pharmaceutical and insurance companies are provided with more generous financial inducements than Conrad's crackpot, so that the reluctance to exchange "dot edu" for "dot com" has diminished considerably in recent years. However, the resistance to commercial siren songs persists. The entire plot of *Strong Medicine*¹⁴⁰ revolves around the theme that even the most ethical drug companies work to agendas that are different from those of "genuine" doctors and that physicians working for those companies become contaminated by pecuniary considerations..

Similarly, medical officers attached to the armed services are described as inferior to doctors in civilian medical practice. Martin du Gard attributes the marginalization of military doctors to army discipline.³³³

"They've had a sense of army hierarchy drilled into them for years. And this habit of obedience seems to limit the freedom of their diagnoses [and] their sense of responsibility."

Additionally, there is the possibility that army medical services may attract self-selected mediocrities who prefer the "security" of a military career to the vagaries of private practice. Ravin's Colonel Sumner Barrington III M.D. (U.S. Army Medical Corps)³³⁴ who remembers the Vietnam War as "the best time of his life,"³³⁵ retains a good deal of clinical acumen, but some of his attitudes, particularly his views on the functions of nurses (which he expresses vigorously), are distinctly "military" rather than "medical" (see Book 4).

Even Lieutenant Commander Samuel Cozzens MC, USN,³³⁵ a highly trained (Johns Hopkins, Columbia Presbyterian, Ochsner Clinic, Rockefeller University) and competent surgeon, who is "permitted a latitude of frankness not granted others of the ship's company" has to snap to attention when the captain's voice hardens.³³⁶

Evelyn Waugh³³⁸ tells the story of a prison doctor who has exchanged his medical attitudes and conversational style for those of a jailer. Here is this travesty of a physician, interrogating Paul

Pennyfeather, a harmless young man, who has been unjustly expelled from Oxford University and, equally unjustly, sent to jail for six months.³³⁹ The unnamed, uncouth doctor barks questions at his “patient.” Had Paul suffered from tuberculosis or sexually transmitted diseases? He had not.

‘Have you at any time been detained in a mental hospital or similar institution? If so, give particulars.’ [Paul replies that he had attended Oxford University.] The doctor looked up for the first time. ‘Don’t you dare to make jokes here my man.,’ he said, ‘or I’ll soon have you in the straight jacket in less than no time.’ [He turns to the prison warder.] ‘Look after that man, officer. He’s obviously a troublesome character.’³³⁹

Dr Peter Rumholtz, the prison doctor examining Erica Werner³⁴⁰ is less vicious. Like Evelyn Waugh’s prison doctor,³³⁹ he asks routine questions “from a printed list,”³⁴¹ with the inevitable inquiries concerning syphilis and tuberculosis .He warns each new prisoner routinely: ”I can tell a malingerer at once, and malingering is severely punished.” However, Rumholtz appreciates Erica’s innocence, and his strenuous, ultimately successful efforts to have her conviction for manslaughter overturned.³⁴² are rewarded by Erica’s hand in marriage and her collaboration in his work.³⁴³ Rumholtz’ humility forms a sharp contrast to the arrogance of the senior staff at the University Hospital. He endures the insults of female prison warders with equanimity.³⁴⁴ His future wife’s superior medical knowledge and surgical skills³⁴⁵ do not make him envious. Obviously, Rumholtz will never be a leader in the profession. His name is not going to appear in refereed medical journals, and his medical contacts are likely to be limited.

Alcoholic doctors tend to drift into marginal medical occupations such as government service,³⁴⁶ medico-legal work³⁴⁷ and, in the days before “Roe versus Wade”, into careers as abortionists (see Chapter 7, p. 225). Hailey’s Gideon Mace, a drunken MD at the FDA³⁴⁸ is discussed in detail in volume 2 of this series.³³⁴

Summary

Almost all medical specialties and subspecialties are criticised and ridiculed to a greater or lesser extent in fictional literature. The surgeon is arrogant, the anesthesiologist subservient, the internist garrulous and useless, and the psychiatrist outlandish. The ENT man performs meddlesome procedures. Other undesirable attributes, some of them changing over time, are linked to different

branches of medicine. The question of whether and to what extent such negative perceptions influence career choices in real life is currently unanswered.

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Chapter 6. Researchers and Academics

Historical Background

Until the end of the nineteenth century, there were few academic posts for clinicians and almost none for medical researchers¹ so that teaching and research did not constitute realistic careers for young doctors. “Clinical research” consisted of observational studies performed by practicing doctors, and usually involving single cases or small series of patients. Basic investigations were conducted by eccentric, independently wealthy individuals working in their own “laboratories.” During the twentieth century, both clinical and laboratory-based research endeavors were completely transformed from their early “cottage industry” beginnings. Double degree programs (MD, PhD) were introduced, and remunerated positions became available for young men and women with an interest in both clinical medicine and basic investigations. While it is generally accepted that it is almost impossible for a physician to practice good clinical medicine and perform meaningful work in the laboratory,² there is no shortage of positions for “physician scientists” who work with their assistants in appropriately funded and equipped facilities on a full-time basis.

Therapeutic trials have also changed completely in the second half of the twentieth century. The hit or miss excitement of observing the effects of a new compound on a desperately sick patient³ has been replaced by highly structured, centrally designed therapeutic trials, denoted by catchy acronyms.^{4, 5} and involving thousands of patients. Clinical researchers now form part of an organization and even those who work relatively independently,^{6, 7} rely heavily on technical and financial support from their institutions.*

The work performed in laboratories is not readily understood by non-specialists in the field, and does not lend itself to conversion into exciting material for novels. Stringent therapeutic trials, often taking years to complete, are unromantic. Twentieth century authors of fictional works therefore tend to revert to anachronistic practices when describing clinical research.

* For example, Banting, the discoverer of insulin, could not have functioned without the lukewarm support of Professor McLeod.⁶ The winners of the 2005 Nobel Prize in Medicine⁷ who established the association between *Helicobacter* organisms and peptic ulcers, could not have produced any results without their hospital’s facilities for endoscopic studies, anatomical pathology and microbiology.

Solitary Researchers.

The romantic researcher is a wild-eyed, lonely prophet, crying in the wilderness, unheeded by his established and respectable colleagues until his “crazy” ideas become generally accepted.

Alternatively, he is a solitary seeker after the truth, struggling for years to find the solution to a particular problem and finally coming up with the “correct” answer. These notions persist well into the twentieth century and are to be found in fictional literature decades after the most meaningful medical advances had come from large teams working in major institutions. A type of doctor particularly dear to story-tellers is the general practitioner who takes patients’ temperatures, applies bandages, delivers babies, and makes house calls, but still finds time to stick tubes into cats’ ureters, manufacture exciting compounds and engage in similar “research” activities in pursuit of some attainable or unattainable goal.

One such solo performer is Dr Redfield Burns, the romantic hero of Richmond’s *Red Pepper Burns*.⁸ This suburban general practitioner, who also performs surgical operations at a city hospital, has, attached to his office, a small laboratory where the instruments comprise a centrifuge, Bunsen burners and test tubes. Burns does not confine his activities to mundane diagnostic tests. He devises new operations, designs appropriate surgical instruments, and then proceeds to build these instruments in his own machine shop.⁸ Dr Sigmund Obispo, a clownish, “dark-haired, dapper, glossy, Levantine,” works as personal physician to a Californian tycoon, who provides him with a laboratory and enough spare time to investigate problems of longevity (in multiple species).⁹

Dr. Max Murdock who practices medicine in an office in the Los Angeles area, synthesizes an I.Q. enhancing drug “by working ... for fifteen years ... in the little laboratory which he had improvised in his ... home.”¹⁰ Ruth Blodgett’s Dr. Alan Gray,¹¹ a general practitioner in a small Maine coastal town, is a lone researcher investigating valvular heart disease. He spends his spare time collecting stray and unwanted cats from all over the district and “inducing in these animals ... as many heart complications as he could.”¹² Dr. Gray proudly shows his menagerie to Crys Merriam, the nurse

who will ultimately become his research assistant and his lover.

He stopped before a big sleek black tom. 'I passed a ligature around the mitral opening, hoping I could produce a stenosis.'¹²

Alan's reward for his extra-curricular work comes not only from Miss Merriam who, predictably, adores him, but also from a prominent New York surgeon who asks him to give a demonstration in his department (on a human subject).¹³ The invitation transforms Alan from a medical misfit into a distinguished clinical investigator and the book ends with his triumphant departure for New York, London, Paris and Berlin where he will demonstrate how to "cut up folks."¹⁴

Dr Seishu Hanaoka¹⁵ lives in a different country, in a different century and practices a different kind of medicine. However, as a lonely researcher he clearly belongs in the same group as Alan Gray. Hanaoka, who is based on a historical character, is experimenting with neurotoxins, hoping to discover a drug that will put patients to sleep during surgical operations. He tries his concoctions on domestic animals,¹⁶ on his mother and on his wife, who becomes blind as a result of the experiment.¹⁷ The rivalry between the two women, who each want to gain mastery through martyrdom, gives the story its peculiar Japanese twist but the general practitioner who through his single-handed research efforts achieves success and recognition,¹⁸ might have come out of any number of Western doctor stories.

Cronin repeatedly uses the theme of the solitary, single-minded researcher who manages to continue his experiments despite obstruction by institutional bureaucracies.¹⁹⁻³³ Dr Robert Shannon,¹⁹ starts off as a fellow in a "regular" experimental pathology laboratory.²⁰ He surreptitiously pursues his own investigations into brucellosis at times when he is meant to assist Professor Hugo Usher, the head of the department, who is writing yet another paper on "opsonins."²⁰ After his inevitable expulsion²¹ Shannon simply relocates his culture flasks and his incubators to a small "Cottage Hospital" where he sets up a "laboratory" first in a disused teaching room,²² then in a derelict pavilion.²³ When he is driven out of this sanctuary, he moves off to a lunatic asylum²⁴ where there happens to be a well equipped laboratory "with rack upon rack of stoppered reagents, an Exton scopometer (sic), conditioned hoods" and all sorts of other "modern" gadgets.²⁵ The combination of Shannon's determination and all the pipettes in the disused laboratory, appear to predict success,

recognition and a chair in Professor Usher's department,²⁶ but an American researcher who has produced similar results (presumably in a more conventional laboratory), beats Shannon in the publication race.²⁷ Shannon reacts by burning his lab books, emptying his culture fluids down the sink and smashing his glassware.²⁸ The story ends happily. Shannon is rescued, at the last minute, from the tedium of a Scottish general practice²⁹ by the offer of a teaching appointment at the University of Lausanne.

Dr. Harvey Leith,³⁰ another of Cronin's characters, also functions as a dedicated, solitary investigator. Leith knows, the moment he graduates from Birmingham University, where he takes out every prize,³¹ that he will pursue a research career. Uninterested in money or a "successful" practice, he obtains minor laboratory posts in second-rate London hospitals, performing his routine work during the day and his research experiments at night.

"His health began to suffer but he exhibited no gratitude when advised ... to shorten his laboratory hours. ... His careless dress, sardonic tongue and arrogant disregard of etiquette ... made him an object of antipathy and suspicion."³¹

Despite his difficult working conditions and the disdain of his colleagues, Leith manages to produce an anti-meningococcal serum. He applies to the Board of Governors for permission to use the material in three patients suffering from "cerebro-spinal fever," but permission is not forthcoming until the patients are moribund. At this stage Leith commits a fatal error. Instead of announcing to his "expectant but antipathetic audience" that these patients are beyond any sort of treatment, he repeatedly injects massive doses of serum into their cerebral ventricles. Of course, the patients die, Leith is blamed for the fatal outcome, he loses his hospital post. and he begins to drink heavily. Fortunately, after an eventful (and alcohol-free) voyage to the Canary Islands, he is persuaded to return to London, where a new appointment and further research adventures await him.³⁰

Yet another solitary researcher described by Cronin is Dr. Andrew Manson, the general practitioner hero of *The Citadel*.³² Manson, who uses guinea pigs as a pneumoconiosis model without the relevant licence, is threatened with dismissal for his "cruelty" to the experimental animals and his failure to inform his employers of his extracurricular activities,³³ but the University of St. Andrews recognizes the value of his work and awards him an MD degree.

Josef Zeppichmann's single-handed researches³⁴ have great potential but his afflictions are even more serious than those besetting Cronin's heroes.^{19, 30, 32} Zeppichmann, a recent graduate in medicine, is being interviewed for his first medical appointment. He has spent his undergraduate days concocting an anti-tuberculosis brew and he now naively asks asks "Herr Direktor Wildelau" for permission to use his preparation on one of the hospital patients "I don't mean, of course, one of the paying patients."³⁵ Permission is naturally refused, but Josef, quite undaunted, sets up a mini-laboratory in his rented room and uses his cocktail to experiment on Minna Wersen, the tuberculous kitchen maid in his boarding house.³⁶ Minna improves but Zeppichmann's investigations do not bring him success and fame. As a Jew in Nazi Germany, he is dismissed from his hospital post,³⁷ arrested³⁸ and tortured.³⁹ In the prison camp, he contracts tuberculosis and he dies soon after his escape from Germany, though his researches are continued by English investigators. On the road to his sacrifice,* Josef Zeppichmann receives one important ethical lesson from the Nazi gangsters and their supporters. Like fanatical medical researchers these people work on the principle that "the individual does not matter,"³⁶ while Josef, through his suffering, comes to recognize the pernicious nature of this doctrine.

Hutchinson's book⁴¹ also contains an account of a more senior researcher, Dr Karl Dittmer, the head of bacteriology at "Moltke Hospital." Dittmer has to work with colleagues and administrators who regard "bacteriological research as the eccentric trade of long-haired chemists at the universities."⁴¹ His accommodation consists of an old laundry, well away from the respectable part of the establishment⁴¹ "and no one quite understood what went on there." Dittmer, the most intelligent member of the hospital staff, is full of contempt for Dr Wildelau, the director, who tyrannizes his subordinates and grovels to "the authorities."³⁷ He despises old Dr Vollmuth who still does not believe that tuberculosis is caused by bacilli. "He believes it's caused by certain conjunctions of the planets."⁴² Dittmer reacts to his environment by behaving as the hospital poltroon, not only in public but even within his laboratory. When the telephone rings he answers "Hullo, hullo, hullo ... whatever you want isn't ready yet and if you don't want anything, why waste my time?"⁴² He is totally disorganized. He makes notes "on bit(s) of yellow paper about the shape of a wishbone" which he

* "The Fire and the Wood" is a quotation from the Book of Genesis.⁴⁰ The young Isaac, apparently unaware that he is about to serve as a sacrificial lamb, asks his knife-carrying father: "Behold the fire and the wood but where is the lamb for a burnt offering?"

then proceeds to lose.⁴¹ Dittmer comes across as an gifted and not unkindly man, who, in order to protect Zeppichmann, clowns even when the Nazi police interrogate him.⁴³ In this environment, and with this personality Dittmer's capacities to produce meaningful results are limited. The nature of his research is not revealed..

Even Sinclair Lewis who is sympathetic towards research and has taken the trouble to study the subject in detail, has his idealized medical researcher working in isolation. When Martin Arrowsmith⁴⁴ becomes bored with his very idle and very rich second wife who wants him to be the Director of the McGurk (=Rockefeller) Institute, he leaves her, his son, the Institute and New York City to join a friend who is performing "experiments" in a shack in a remote area of Vermont.⁴⁵

Part-Time Researchers

Another misconception about medical research, which recurs several times in fictional literature relates to the notion that the "best" clinical doctors perform "experiments" in their spare time as a kind of a hobby. Dr Sydney Archer, family physician and general practitioner⁴⁶ (Philadelphia, circa 1875) runs "a laboratory study of South American arrow poisons"⁴⁷ when he is not seeing patients. As the doctor's medical and social commitments take up increasing amounts of his time, he hires a medical student to continue the laboratory work. The project is unfocused and bears no relationship to Archer's clinical activities but so long as something is being "researched" the effort is evidently worth while, because "it train[s] a man for exactness."⁴⁷

Maartens' Professor Thomas Lisse⁴⁸ occupies a chair in bacteriology but some of his more esoteric experiments are carried out in his own home, much to the annoyance of his eccentric wife (see also pp. 194-5). Professor Paul Courrèges⁴⁹ holds a clinical chair in the days before the "full-time geographic" principle has reached Bordeaux. He makes house calls and runs an office in the downtown area, but in between seeing patients he performs "experiments"⁵⁰ in a laboratory which serves as a "haven" from his unhappy family life (see also Volume 2, p. 13) and where he loses "all sense of the passing hours."⁵⁰ The professor's research activities do not produce startling results⁵¹ and his methods are suspect.⁵²

Dr. Alf Bornholm, the rising surgical star and Casanova of a Munich University Hospital,⁵³

continues the tradition of the aspiring clinician who dabbles in research. The hospital provides him with space, but no financial support, though the department head throws a few scraps in his direction in the shape of medico-legal work and a few private patients. Between surgical and sexual escapades, Bornholm finds time to exsanguinate monkeys in an attempt to find a blood substitute.⁵⁴ The experiments are abandoned when his personal life becomes too chaotic⁵⁵ and he goes to ground on the island of Capri.⁵⁶ Despite these interruptions, some publications eventuate and Bornholm is able to make “a great name for himself.”⁵⁷

John Cameron, a Johns Hopkins student,⁵⁸ causes his medical father a good deal of anxiety by associating with a group of "wasters, drunkards and lechers." However between bouts of gambling, drinking, whoring and studying, John has "succeeded in isolating the germ of that fever epidemic that's broken out in Lyon" and is now engaged in "finding something to kill it."

.Michael Crichton's Dr. Peter Randall,⁵⁹ is more plausible. Randall, a successful internist on the staff of a Boston teaching hospital, has become interested in the physiology of parathyroid hormone. Despite his clinical background, he has managed to gain access to a well-equipped laboratory with animal facilities, he has established a bone culture system, and he evidently receives sufficient funding to enable him to hire three laboratory assistants. Randall finds his research fascinating. “It's a ... big wonderful game. A puzzle where nobody knows the answer.”⁶⁰ Over a period of seven years, Randall has cut down heavily on his clinical work so as to spend more and more time with his bone cultures.⁶⁰

Dr Aldrich in *Extreme Remedies*⁶¹ also tries to combine clinical and research activities but, in his case, the patients have become an unwanted interruption to his real work in neurochemistry. Aldrich, who had written a play in his earlier days, is now, in his late thirties, a full professor at the University of California. He and his laboratory are geographically based at the University Medical Center, but as part of his academic duties he has to supervise the residents at the County Hospital. On rounds, where he feels “as ill at ease as a life insurance salesman in a morgue,”⁶² he is presented with a patient suffering from total amnesia. He remarks: “Please be brief ... at noon sharp I've got to inject some mice.” He performs a standard neurological examination but his “mice are waiting” and he does not bother to test the patient's memory or to come up with a diagnosis.

Astonishingly, the attitude that “research” is an essential part of a future consultant’s training is still to be found at The Edinburgh Royal Infirmary⁶³ in the 1970’s. Dr. Bertram, a resident who hates research⁶⁴ and has no intention of pursuing a career in clinical investigation, nonetheless looks for a position with a research component, because future clinical appointments will depend on the number of his original publications. The work may be trivial in scope, and the resultant papers totally unexciting (“Occupational Therapy does not Speed the Healing of Duodenal Ulcers”) but they will help him obtain a hospital post.

A fairy-tale involving a pair of part-time clinical researchers is provided by Francis Roe.⁶⁵ Dr Paula Cairns in *The Surgeon* is a brilliant biochemist,⁶⁶ a computer wizard,⁶⁷ a wine connoisseur,⁶⁸ and a musician.⁶⁹ She is of course a highly skilled surgeon and a gifted teacher,⁷⁰ with a bedside manner that inspires confidence amongst all her patients including a twelve-year old girl⁷¹ and a middle-aged male physician.⁷² Her research work on thrombolysis places her in the ranks of potential Nobel Prize winners.⁷³ This princess who, in addition to her medical and intellectual accomplishments, (see Book 2, Chapter 4) is also a ravishing beauty, attracts many suitors, most of them quite unworthy of the position of Prince Consort. Paula, a talented sportswoman,⁷⁴ is well able to defend herself against lecherous male intruders, though traitors from within the castle are a little more difficult to fend off. When Prince Charming finally appears and takes possession of the Promised Land⁷⁵ he turns out to be another surgical prodigy with a flair for research: He has designed an arterioscope. He is also a great surfer⁷⁶ and a street fighter.⁷⁰ With his rigid instrument and her enzyme solutions they perform a joint medical miracle⁷⁷ and no doubt live happily together ever after, dividing their time between nuptial delights, brilliant researches and stunning clinical successes.

The basic assumption underlying these stories, that it is desirable or even possible for a good clinician to work in the laboratory on a regular basis, is not shared by all writers. Martin du Gard,⁷⁸ in particular, deals very realistically with the career of a clinician who decides to change over to “research.” Dr Antoine Thibault, the main character in *Summer 1914*, trains as a pediatrician. Until his father dies, he leads “the normal life of a promising young doctor. He had passed his examinations ... [he] had built up a private practice” and he is expecting to be appointed to an attending position at one of the Paris hospitals.⁷⁹ When his father’s death leaves him a wealthy man, Antoine decides, at the age of 33, that the best way to advance his career is not by way of a hospital

appointment or private practice, but through the vague concept of "research work in juvenile pathology." Without a clear idea of what direction his investigations are to take, Antoine proceeds to convert the family home into a mini-research institute complete with animal house, a small operating room and a set of laboratories equipped with the most up-to-date apparatus. He hires staff including an analytical chemist who will work under his direction. The research establishment is never used.⁸⁰ Within weeks of its completion in July 1914, Antoine is in the army and he dies of the effects of mustard gas just after the armistice, four and a half years later.

During his final illness, Antoine realizes that "after his father's death he had given a wrong direction to his life"⁸⁰ but even at that stage he harbors the illusion that if there had been no war, important discoveries would have been made in his laboratory.⁸⁰ In reality, a freestanding "Thibault Institute" under the direction of a clinician who did not understand research, would at best have turned out a few third rate papers. At worst the staff would have undertaken a series of aimless and ill-conceived experiments and produced a heap of uninterpretable results. Antoine's decision to change from a reasonably trained clinician to an untrained researcher is as disastrous as his investment strategy. In the end he is left with an empty building and worthless shares.

Noah Gordon⁸¹ contrasts the careers of two surgical residents and their attempts to perform research on a part time basis. Dr. Rafael Meomartino, a member of one of the wealthy families in pre-revolutionary Cuba, has a degree in medicine from the University of Havana⁸² and tries to resist the pressures to enter the family sugar business. The argument ends in a compromise: The Dean of Medicine "wise in the procurement of endowments"⁸² agrees to set up a research laboratory for Rafael where he will work part time. Naturally, Rafael does not even know where to start or what subject he wants to investigate. He picks "leprosy" out of the air but, in the time that is left to him before he and his family flee to Miami, he achieves nothing. Years later, after Rafael has become a competent senior surgical resident, he declines an academic position in Boston, because he still equates "research" with his frustrating experience in the idle laboratory. "A university job means research ... [and] I'm not a researcher."⁸³ Dr. Adam Silverstone, a surgical contemporary and rival of Meomartino, is more successful in his part-time investigative activities. He is able to "plug into" an existing facility, an established animal house set-up, and a research program focused on the rejection of transplanted kidneys. On one of Adam's free nights, while he is performing dose-finding

studies with anti-lymphocytic serum in dogs,⁸⁴ Dr Harland Longwood, the chief of surgery, wanders into the animal lab, ostensibly to inspect Adam's lab book, but, in fact, to take a close look at Adam himself. He asks: "You like this work, with the animals?" Adam gives an ambiguous reply: "It's making me a better surgeon, I think."⁸⁴ (Adam's assiduity pays off. He is appointed "Instructor in Surgery."⁸⁵)

The account of Dr Meomartino makes considerably more sense than that of Dr Silverstone. One can readily visualize a competent senior resident who declares "I'm a clinician, not a researcher." Silverstone, the chief resident, who wants a faculty position (in Boston) and hopes to improve his chances by operating on dogs in his spare time, is also credible. However, the frenetic activities of this prodigy require a great deal of literary license. He resects aortic aneurisms during the day,⁸⁶ he performs ground-breaking immunological research at night^{84, 85} and he then uses his data to treat patients (including the chief of surgery).

In general, surgeons do not engage in research activities even on a part-time basis. During his undergraduate days, Angus Duer, the epitome of the successful surgeon (see Chapter 3, p. 65), "neatly and swiftly completed the experiments demanded by the course ... [but] never ventured on original experiments which ... might bring him to glory or disaster."⁸⁷ Dr Harry Hemitz' feeble attempts at part time research are treated as a bad joke.⁸⁸ Hemitz, an arrogant and ambitious young surgeon, takes up a variety of hobbies to display his versatility (see also, Vol. 2, p. 155) and, not content with boxing, painting and playing the violin, he also dabbles in medical research. His "project" consists of a "genetic study of the effects of anesthetics on different generations of rats. Tolerance for chloroform and so forth."⁸⁹ All the work is done by "a kid from Long Island College," while Hemitz himself seems to understand very little of what is being investigated. There is even some doubt as to whether rats or mice are being used in these pseudo-experiments.⁸⁹

Dr Maurice Bennett in *The Surgeon*⁶⁵ explains to Dr Paula Cairns who excels both in surgery and research (see p. 190) why she is exceptional:

'Surgeons minds are geared for quick results. The cycle is over in a few days or weeks at the most.' 'What cycle?' 'From the time you first see the patients until they go home. The tests, the diagnosis, the operation, then the recovery period, all that takes from five to ten days with exceptions, of course. At that point the cycle is completed. Then you start all over

again with another patient, again with that short-term cycle fixed in your mind. But with ... research your sights have to be set much further into the future. The cycle of any worthwhile piece of research takes months at the very least, years in most cases.' ⁹⁰

Dr Ledsmar in *The Damnation of Theron Ware*⁹¹ applies this principle to all clinicians. According to Ledsmar there is no connection between science and medical practice: "They are not even on speaking terms."⁹¹ *Theron Ware* was written at a time before the concept of "Evidence-Based Medicine" was heard of. However, even at the present time and even in institutional settings, the disciplines of clinical medicine and laboratory-based activities are so different, that it takes extraordinary individuals to excel at both. ⁹² Clinical research makes some medical practitioners feel so uncomfortable, that they refuse to participate in investigative studies and discourage their patients from enrolling.

The Research Lab as a Sheltered Workshop

Rudyard Kipling^{93, 94} appears to labor under the misconception that medical research activities are carried out by disturbed individuals whose psychiatric or domestic problems make it impossible for them to work as proper doctors. Dr Wilkett, who has delusions and guilt feelings following his experiences in World War I, (see also Chapter 3, p. 87) functions well in "bacteriological research" in a London hospital.⁹³ Similarly, Dr Loftie, a pathologist, "had followed research the more keenly since, at twenty-two, he had wrecked his own happiness ... [by marrying] the unstable daughter of one of his earlier London landladies."⁹⁴ The laboratory is evidently regarded as a kind of refuge for Dr Loftie who has become an alcoholic and wants to escape from his unattractive domestic situation. He now works for a wealthy eccentric who hires bona fide scientists to confirm his hare-brained ideas. This "patron" persuades a surgeon to schedule an operation for midnight rather than a conventional hour, so as to fit in with "extra-terrestrial" influences, while Dr Loftie has to watch tissue cultures at night because the patron believes that in-vitro systems are affected by "tides."^{95*}

Similarly, Cronin's Dr. Neil Spence,⁹⁶ who has a hideously disfigured face as the result of a World War I shrapnel injury, and is unable to function as a consultant on account of his freakish appearance,⁹⁷ has finished up in a research lab. His treacherous wife declares sullenly: "He'll never

be anything but a laboratory hack.” Dr. Walter Franz, Arthur Miller’s bipolar surgeon⁹⁸ who spent three years “out of commission” and is no longer able to work in the operating room, now functions (or believes he functions) “as a scientist.”⁹⁹ (see also p. 88).

The theme of medical research as a kind of occupational therapy also occurs in Eugene O’Neill’s *Strange Interlude*.¹⁰⁰ Dr Edmund Darrell, the disappointed lover, who has a long drawn-out affair with Nina Evans, another man’s wife, establishes a biology station in Antigua rather than take up golf.

"And give it its due, it has kept me out in the open air and been conducive to travelling and broadening my mind! ... But I'm exaggerating. I really am interested or I'd never keep financing the station. And when I'm down there I work hard."¹⁰¹

Cruel and Useless Research

“[Dr Giacomo Rappaccini] cares infinitely more for science than for mankind. His patients are interesting to him only as subjects for some new experiment. He would sacrifice human life, his own among the rest ... for the sake of adding so much as a grain of sand to the heap of his accumulated knowledge.”¹⁰²

The tradition of the crazy and evil alchemist who is more interested in research than in basic human decency, persists well into the twentieth century. Accompanying this perception is the implication that research involves disgusting and criminal experiments and that characters engaged in such activities are unfit for any “real” medical work.. The “scientific” doctor in Buchner’s *Woyzek*¹⁰³ throws a cat out of a window to determine how “the creature’s instinct [will] relate to the pull of gravity.” In another “experiment,” the doctor treats a soldier for three months with a diet of peas, to observe the effect of this regimen on the heart and the eyes. When changes in pulse rate and eye movements eventually occur, he is incapable of understanding that these signs have nothing to do with his ridiculous diet, but are due to a confounding factor, the soldier’s unfaithful wife..

Maartens’ Professor Thomas Lisse¹⁰⁴ (see also p. 188) typifies the researcher engaged in harmless but useless activities. He spends his life pursuing the crazy notion that the “semicolon bacillus” is a pathogen.

* The patron’s views on “tides in tissues” may not have been quite as crazy as they appeared in Kipling’s time.⁹⁵

“He slew many hundreds of rabbits in demonstrating how certain his microbe would be to murder a human being. ... The professor begged, bought or stole every more or less available corpse in the steadily increasing expectation of finding his microbe somewhere.¹⁰⁴

Despite his university duties and his single-minded pursuit of the semicolon bacillus, Lisse has sufficient leisure to engage in other forms of “research” in his own home. His wife, a poetess and religious fanatic, is ambivalent towards her brilliant husband’s activities.

“At his study door she knocked, as always. ‘Have you got that frog,’ she cried, ‘skipping about without its brain?’ ‘The frog’s dead,’ said the professor, ‘but there’s a pigeon that – oh, it’s got away!’ ... There were some sounds of falling furniture and fluttering and the bang of a book.”¹⁰⁵

When calm is restored and Mrs. Lisse is finally able to enter the sacred precincts of “science” she discovers that the distressed pigeon had made “disastrous trouble” on the manuscript of her epic poem. Despite his apparently sadistic experiments, Lisse comes across as a likeable poltroon.

Daudet’s *Les Morticoles*,¹⁰⁶ a satirical attack on the Parisian medical establishment of the late nineteenth century,* becomes particularly vicious when describing "cancer research." The relevant experiment consists of the transfer of malignant cells from a guinea pig to the left cheek of a fourteen year old boy.¹⁰⁸ When the work is presented at a meeting of the Academy, two old-fashioned physicians express ethical concerns about the procedure. The researcher replies that he paid a high price for the boy whose parents are very poor. ("J'ai acheté mon sujet"). Moreover in the country of the Morticoles the progress of science is more important than the rights of the individual. ("Les droits de la science priment ceux de l'individu"). The matter is put to the vote with the majority of Academy members supporting the researchers against the two objectors, who walk out of the meeting rather than associate themselves with a medical murder.¹⁰⁸

Daudet constantly complains that death and illness, which should be regarded as mysterious and sacred, are treated by medical scientists as subjects for cold-blooded analysis. After listening to Dr Malasvon and his retinue discuss a moribund patient whose liver, "must be a sea of pus." Felix Canelon, the visitor to the country of the quacks, waxes nostalgic about how people used to die in

his own country.

"You walked on tiptoe ... People embraced each other, they cried around the death-bed and hardly raised their eyes ... A priest would come to comfort the dying patient ... One felt strengthened by grief ... "109

All this contrasts sharply with the customs in the country of the "Morticoles" which is controlled by medical scientists. Here death is regarded as an every-day occurrence and the dead serve as dissecting material on the marble slabs of the mortuaries.

Céline's research scientists¹¹⁰ are not as vicious as those on the island of the *Morticoles*.¹⁰⁶ However, they are portrayed as useless time-servers, totally devoid of any original ideas. Dr Bardamu, wandering through the laboratories at the "Bioduret" Institute** at 11 am, is unable to find a single scientist or research assistant. What he does find consists of

"various objects in wild disorder, the gutted bodies of small animals, cigarette butts, chipped gas jets, cases and jars with mice suffocating inside them ... broken stools, books, dust and more cigarette butts." 111 [When members of the scientific staff finally arrive, they appear as] "gray-haired ... little schoolboys ... stupefied by the pedantic routine and the intensely revolting experiments, riveted by starvation wages for their whole adult lives to microbe kitchens, ... [where they] spend interminable days warming up mixtures of vegetable scrapings, asphyxiated guinea pigs and other nondescript garbage."¹¹¹

These miserable "plebeian" researchers put up with the parsimony of the Institute's Director and the tedious and irrelevant nature of their experiments out of fear "of losing their niches in this heated, illustrious, compartmented garbage pail."¹¹¹

One of Céline's "scientists" is described in some detail. Parapine, an old bachelor with pedophile inclinations has been engaged in a trivial and somewhat perverted scientific controversy.

"[He] knew all there was to know about typhoid ... His reputation went back twenty years ... when certain German authors claimed to have isolated [the relevant organism] in the vaginal ... [secretions] of an eighteen months old baby

* "Les Morticoles" is not available in English and the translations are mine. A detailed review of the book and its historical context appeared in 1986.¹⁰⁷

**It has been claimed that Céline's description constitutes a realistic account of the Pasteur Institute of the 1930's, even though some of the geographic details do not fit.

girl, so creating an enormous stir in the Halls of Truth. ... Parapine had outdone these Teutonic braggarts by breeding the same microbes ... in the sperm of a seventy-two-year-old invalid. Instantly famous, he managed to hold the limelight for the rest of his life by publishing a few unreadable columns in various medical journals."¹¹¹

Parapine, who is quite incapable of giving Dr Bardamu any practical advice about the treatment of a young patient dying of typhoid fever, has become disenchanted with his own "meaningless buffooneries" and is looking for some "quiet little backwater of research" that will bring him a government grant but "neither enemies nor disciples." He contemplates applying for funds to study the correlation between "central heating [and the prevalence of] hemorrhoids ... that kind of thing is fashionable nowadays." Parapine believes that such a proposal, properly dressed up and presented, will attract research funds from the Academy. "The majority of its members are old men to whom these problems of heating and hemorrhoids can hardly be indifferent."¹¹¹

The laboratories at Joyce Carol Oates' animal research farm¹¹² are better equipped than those at the "Bioduret" Institute, and the chief technician there is "Peggy" a noisy and flirtatious young woman with a pony tail, rather than a sad old man. However, the scientists are as sadistic as their ancient French predecessors,¹¹¹ and their projects are both useless and repulsive. It comes as no surprise that Dr. Jesse Vogel, after a visit to the research farm, decides that he prefers "the bustle of the hospital wards."¹¹³

Jesse's visit to the animal facility is not the only reason for his refusal to enter a research career, but the conditions of the animals and the attitudes of the staff certainly constitute a factor in the equation. Peggy, the competent and extroverted research assistant brushes a piece of cat intestine out of her hair while welcoming the visitors.¹¹³ The sheep in the fertility experiments are covered with flies and "moved painfully around in puddles of mud and manure."¹¹⁴ Professor Howe

"took them inside to look at the [hamster] cages; row after row of nervous little animals with ... curious twitching faces. The stench was sharp. 'We're working with their tongues. Sensory paths,' Howe said ... 'We've got a new grant for next year.'" ¹¹⁴

The monkeys are subjected to brutal burns experiments. Peggy explains: " [They use] flame throwers and it's the goddamnedest smell you ever smelled ... It's like a jungle out here sometimes,

the way those things shriek.' "¹¹⁴

Evil researchers are still alive and well at the end of the twentieth century. Among the medical conspiracy novels of this period^{115, 116, 117} Wilson's *The Select*¹¹⁸ is one of the most convoluted. An entire medical school is set up for the purpose of indoctrinating the students who, on graduation, will work among the poor and disadvantaged of inner city areas, and refer suitably "insignificant" subjects to the research centre for experimental purposes.¹¹⁸ The principal schemer, Dr. Arthur Alston,¹¹⁹ is actively engaged in medical "research" which consists of inducing third degree burns and attempting to discover some efficient way of skin grafting.¹²⁰

Most clinical research projects do not involve such criminal acts but the investigators are nevertheless taken to task for their perceived lack of compassion or the alleged triviality of their discoveries. Dr. Prader, the chief of hematology in *Ward 402*¹²¹ has had a brilliant research career.

"For years he had worked in his lab exploring the metabolism of leukocytes, publishing papers on the effects of drugs on cellular processes. Eventually his work took him into the chemistry of antimetabolites and finally into the use of these drugs in leukemic cells. Gradually, his lab became a center of leukemic research. Physicians from all over the country began to ask his advice and then ... to send him their leukemic patients ... His knowledge of hematology ... was phenomenal. He read literally everything on the subject ... He served as editor of several hematology journals deciding on what should be accepted for publication and what rejected so that he ... had important information in advance of almost everybody else."¹²²

Despite his laboratory background, Prader seems quite at ease in the wards. His communication skills are excellent, particularly when he has to deal with parents of sick and dying children.¹²² However, the principal item on this great investigator's agenda is not the relief of suffering and anguish.

"I remember his demanding, even as a child was bleeding to death, that the lab values still be obtained and the results documented. I had watched interns draw white counts on children so bloated they could hardly move. ... I stood beside him by their beds and listened to him lecture on white cell inhibition and bone marrow depression while the children whose disease we were discussing were dying in front of us."¹²²

Prader's detractors maintain that his concern with the parents is due "not to any humane reasons but

to his wanting them to stay with the study until the end.”¹²²

Crichton¹²³ and Ravin¹²⁴ each describe clinical researchers, who succeed in defining a “new” disease but, in each case, the admiration for the lucky investigator contains a substantial admixture of contempt. Crichton’s Dr. Lewis Carr¹²³ (see also Chapter 9, p. 299) who has a great future ahead of him “hit the jackpot” while still an intern.

“He found a new disease. It was pretty rare – a hereditary dysgammaglobulinemia ... in a family of four – but that was not important. The important thing was that Lewis discovered it and published the results in *The New England Journal of Medicine*.” Six years later he was made a clinical professor.¹²³

When Dr. Maxwell Baptist¹²⁵ first appears in *MD*, he is considerably further advanced in his career than Lewis Carr.(see also pp. 318-9). Now in his early fifties, Baptist is chairman of the Department of Medicine at “Manhattan Hospital” New York (= the Cornell Medical Center).

He had been an immunologist puttering around some lab at Columbia, mixing antibodies and antigens when ... he had stumbled across some abnormal immune profiles for a kidney disease which turned out to be quite common. The disease was named for him, “Baptist nephritis.”¹²⁵

Since his appointment as departmental chairman at Cornell at a relatively early age, Baptist has published nothing and his clinical skills, which were never imposing, have not improved.¹²⁵ He uses his political powers to tyrannize the residents and interns, but inspires neither clinical nor investigational curiosity among them. Quite the reverse, the one junior resident who has managed to complete and publish a large observational study, becomes the target of the chairman’s vindictiveness and is not re-appointed¹²⁶ (see also Chapter 9, pp. 318-9).

Colin Douglas’ Scottish researchers,¹²⁷ whose efforts are half-hearted and involve trivial issues, are unlikely to have any syndromes named after them. Dr David Campbell, and the other fellows at the Edinburgh Royal Infirmary may or may not be aware that somewhere in the world, progress is being made in the theory and practice of medicine, but the prospects of advances coming from within their own institution are bleak. The head of the gastroenterology unit, Dr Rosemary Fyvie, does not inspire Dr. Campbell with enthusiasm for measuring the vitamin content of human feces,¹²⁸ and the

projects of the other research fellows seem equally tedious.¹²⁹ Campbell escapes from this depressing atmosphere by immersing himself in the daily newspapers,¹³⁰ successfully pursuing a married intern¹³¹ and drinking a great deal of beer,¹³¹ implying that these extracurricular activities are considerably more meaningful than the senseless stool collections¹³² ordered by Dr. Fyvie (who needs a few more publications for promotion to a full professorship).

Perri Klass,¹³³ rejects a career in investigative medicine, on the grounds that research involves the study of “rare and peculiar diseases.”¹³⁴ While the exploration of such “prizes” may be intellectually superior to the treatment of “more mundane medical problems” she prefers to look after patients with “common” conditions that are to be found in little community hospitals. Klass finishes up in clinical pediatrics (see Chapter 5, p. 145).

Inside and Outside the Ivory Tower

Tensions between “intellectual” academics and their “practical” colleagues working at the coalface, go back many decades (see Volume 2, pp. 68-9). In particular, academics and researchers are disparaged for their arrogance, their lack of “hands on” experience, and their inability to communicate with non-specialists. Dr Leslie, Sarah Orne Jewett's *Country Doctor*,¹³⁵ and his friend Dr Ferris, the ship's surgeon disagree on many topics, but both hold medical academics in low esteem.

"The anatomists and the pathologists have their place," [declares Dr Ferris,] "but we must look to the living to learn the laws of life, not the dead. A wreck shows you where the reef is, perhaps, but not how to manage a ship ... The men who make it their business to write the books and the men who make it their business to follow them aren't the ones for successful practice." [Dr Leslie echoes these sentiments in very similar terms.]¹³⁶

The Anatomy Professor in *The Hospital Makers*¹³⁷ is so engrossed in his researches, that, from the students' point of view, he is totally irrelevant.

“[He] did not concern himself with examinations, dissections, curricula or individual students. He was ... a comparative anatomist and famous all over the anatomists' world for his erudite papers on animal osteology. Three times a week he gave his lectures in the amphitheater ... He never saw the students not merely because drawing on the blackboard he so seldom faced the darkened room but because, even when he did, he spoke to another audience, an imaginary audience

consisting of the country's top anatomists ... During the entire lecture the professor with his back to the real and imaginary audiences demonstrated the skeletons of strange birds, unheard of reptiles and unbelievable mammals some of which were extinct."¹³⁸

By contrast, Dr Hugo Usher, Professor of Experimental Pathology at a Scottish university¹⁹ is disparaged for his mediocrity. Usher makes up for his lack of original ideas with “a facility for tabulating statistics ... well-timed publicity and a remarkable capacity for picking other people’s brains.”¹³⁹ The work of promising young researchers in Professor Usher’s department appears in print with the professor as first author.¹³⁹ Robert Shannon, the most talented investigator in Usher’s department (see pp. 185-6), is dismissed when he refuses to follow the professor “up the garden path.”

A more contemporary negative academic role model appears in McGee’s *Misconceptions*.¹⁴⁰ Dr. Christopher Jones is Chairman of Obstetrics and Gynecology at an Australian university,^{141, 142} but instead of engaging in activities appropriate to a clinical academic (teaching, research and patient care), he spends his life chasing women and money.(see also Vol.1, pp 239-40). Jones’ professional status among his peers is low. He

“had almost no credibility among his fellow obstetricians ... His own involvement in clinical obstetrics was minimal ... His private practice was ... small, while his public practice was limited to one antenatal clinic a week.”¹⁴¹

The professor is the author of a number of well known medical textbooks, but all of them have been written by his assistants.¹⁴¹ His chaotic personal life makes him notorious even amongst his medical colleagues who are not renowned for successful marriages (see Book 2, p. 5). He has been divorced three times and is currently living with a young doctor barely out of medical school. He pays crippling amounts of alimony to support his five school age children.¹⁴² Professor Jones supplements his income by appearing as an expert witness in medico-legal cases, where he gives evidence against his non-academic colleagues (see also Book 1, p. 244). Having cut himself off from real clinical activities, the professor is punished by being cut off literally as well as symbolically from reproductive medicine – he undergoes a shameful vasectomy “of which no one including his young girlfriend” is aware.¹⁴²

Dr Marshall Jaffe,¹⁴³ an oncogene researcher from Stanford, who now works as a senior fellow at the NIH, may be a brilliant scientist, but his exceptional arrogance and overwhelming selfishness stand out from the moment he first appears in Segal's book. At a party given by Dr. Laura Castellano, also from the NIH, where all the male guests wear coats and ties, he arrives in sweaty tennis gear, straight from the courts. He introduces himself to the hostess:

“ ‘Hello,’ he said in ... a sexy baritone, ‘I’ve seen your picture in the papers, but I don’t believe you’ve seen mine – at least not yet. I’m Marshall Jaffe.’ [Laura asks if he works at the Institute.] ‘In a menial capacity,’ Marshall replied. ‘Just what is your capacity?’ ‘For love? It’s endless.’ Under normal circumstances, she would have brushed him off like a mosquito. ‘Just what is it you do Mr. Jaffe?’ ‘Well,’ Marshall answered slowly, ‘it’s Dr. Jaffe, actually. In fact, to be precise, it’s Doctor Doctor Jaffe – M.D., Ph.D. Are you impressed?’ “¹⁴⁴

Laura is not in the least impressed. At the NIH, half the staff members have double doctorates. Laura and Marshall (a married man with children) become lovers, but the reader does not get to like “Dr. Dr. Jaffe”¹⁴⁴ and feels little sympathy when he loses his job (see p. 205). Segal's other M.D., Ph.D., Dr. Peter Wyman, is even more obnoxious. From his first day in medical school¹⁴⁵ he lectures his classmates in his “nasal condescending voice” on the contrast between their ignorance and his own erudition. His unpopularity is of such proportions that at the Harvard graduation ceremony (Class of 1962), where he is awarded the prize for original research¹⁴⁶ he is booed rather than cheered by his fellow students. Even Professor Georges de la Forêt, the Nobel laureate, who presents Peter Wyman with his prize, is made to behave like a clown:

“:[The Professor] emerged from his laboratory only once a year – for this ceremony ... After mumbling a few unintelligible remarks in what was variously construed as French, English or Esperanto, he ... announced, ‘ze winner zis year -’ Then he departed from his prepared text to offer a personal opinion.... ‘and in my view perhaps ze most original mind to come here since myself.’ “¹⁴⁶

The “real” doctors’ disdain for researchers and academics is fully reciprocated. Indeed, the unflattering opinions held by researchers about their practicing colleagues may be strong enough to be absorbed by technical assistants. Here is Dr. John Berry, a pathologist, paying a visit to Dr. Peter Randall, a researcher,⁵⁹ in Randall’s laboratory (see also p. 189). He is being received by one of the assistants.

She looked at me and sized me up for a clinician. There was that slightly supercilious look in her eyes that all researchers get when they are around clinicians. Clinicians don't use their minds ... They fool with dirty unscientific things like patients. A researcher, on the other hand, inhabits a world of pure, satisfying intellectualism.⁶⁰

The researcher's attitude towards clinical work becomes particularly intense when there is an impending career change, usually from research to practice. Dr Jarvis Thornton¹⁴⁷ who had intended to pursue a laboratory-based career is forced to "hang out his shingle as a practicing physician and surgeon" in order to support his wife's impoverished family.

"So at thirty he had begun the ordinary routine of a well-connected physician - the profession he had sneered at in his youth, the profession of polite humbug. ... [His] scientific reputation was not more than mediocre [though] it was enough to give him a lectureship on neurosis in the Comberton Medical School.¹⁴⁸ [If Thornton harbors any regrets about his career change, these do not come out into the open.] "Did [Dr. Thornton] ever betray any doubts as to the desirability of his career? Indeed, he never put the question to himself."¹⁴⁹

When a research fellow, especially from a prestigious institution, decides to go into practice, his supervisor sees this departure as a kind of betrayal and tries his best to talk the potential defector into remaining with the team, and continuing the only kind of medicine that really matters. Dr Brendan O'Brien, the hero of Ravin's *Mere Mortals*,¹⁵⁰ has spent a successful year in Dr Norman Giovanis' Infectious Diseases Department studying AIDS patients,¹⁵¹ but, for various reasons, decides to go into practice when the fellowship ends. Giovanis is aghast at what he sees as a lack of commitment (see also Book 2, p. 69). "[Do] you think you can just dabble in this pestilence, enter a few numbers into a computer and then when the clock sounds you just drop it all?" Brendan replies there are many paths to heaven; during his residency days, he worked for a knowledgeable and compassionate internist who convinced him that private practice is compatible with good medicine. The Chief will not buy it. "Those guys you're talking about are living ordinary lives. They get their kicks from ... little things ... buying a new car, a bigger house, another suit." Giovanis considers all private physicians as failures. "Their chance went by them and they know it." O'Brien does not take the Chief's advice. On July 1 he leaves the institution and sets up (not very successfully) in private practice.¹⁵¹

Similar arguments take place between young Martin Arrowsmith⁴⁴ and his mentor, Dr Max Gottlieb, the archetype of medical researchers in fictional literature. After obtaining his MD degree from

Heidelberg University (in 1875),^{152, 153} Gottlieb, who does not care for money, status or power, cannot “get much interested in bandaging legs or looking at tongues.”¹⁵³ After trying his hand at physical and chemical experiments he turns his attention to bacteriology and becomes totally dedicated to the subject.

Gottlieb, a German Jew married to a Catholic wife,¹⁵² is a brilliant scientist but an awkward and somewhat unpleasant man whose isolation from his colleagues, otherworldliness and paranoia land him in all sorts of troubles. At his Midwestern University he scoffs at the surgeons and internists whom he labels "carpenters" and "pill-mongers" but whom he is forced to consult when his wife becomes ill. He "invites" a young Boston researcher to become Dean of the Faculty without discussing the matter with the members of the relevant appointment committee or the current incumbent of the position.¹⁵⁴ (See also Chapter 9, pp 311-2) He is dismissed from his post at the University for disruptive activities (which include accusing the president of corrupt practices). After a brief spell with a pharmaceutical firm, where he is given a remarkable degree of freedom,¹⁵⁵ Gottlieb is offered a post at the McGurk Institute in New York where he is befriended by Ross McGurk, a shipping tycoon and Chairman of the Board.¹⁵⁶ Gottlieb who had been impressed with Martin Arrowsmith's research abilities is devastated when Martin decides on a clinical career. "He considered Martin a traitor." ¹⁵⁴

Martin subsequently returns to research but he never achieves Gottlieb's "pure" and childlike curiosity. All his work is directed towards finding "cures." Shigella, Pneumococcus, Staphylococcus, Pasteurella and all sorts of other human pathogens are injected into animals in attempts to find new treatments for these infections.¹⁵⁷ When the real test comes during a plague epidemic, Martin, under tremendous psychological tension, abandons his experimental protocol and gives his test substance to anyone who asks for it. "What do I care for your science?" he replies when one of his associates questions this decision.¹⁵⁸

Scientific Fraud and Misconduct

An early case described by Van der Meersch¹⁵⁹ involves the use of electro-convulsive treatment for psychiatric disorders. The treatment causes vertebral fractures in several patients but Professor Jean

Doutreval falsifies his data so as to minimize the incidence of this complication. He also attempts to fire an assistant who looks like becoming a whistle-blower.¹⁶⁰ Arthur Hailey's Vincent Lord¹⁶¹ who is coordinating a large Phase III multi-centre drug trial for a pharmaceutical firm, becomes aware that the patient data had been falsified at one of the study centers in Phoenix.¹⁶² Instead of informing the FDA, Dr. Lord, afraid of further delays to the release of the drug, keeps this information to himself and accepts the manifestly fraudulent data as genuine. Marketing approval is duly granted, but adverse events including fifteen deaths are reported to the company. Dr. Lord again tries to conceal the bad news,¹⁶³ but this time he is unmasked and the drug is withdrawn.

Dr. Peter Wyman,¹⁴⁶ the obnoxious Harvard researcher (see p. 202), naively cites non-existent collaborators in Lyon and Amsterdam when he submits his "results" to *The New England Journal of Medicine*.¹⁶⁴ His chief, Professor Michael Pfeifer, who sits on the journal's editorial board, (and whose name appears as a co-author), discovers Wyman's scheme and throws him out of his department, wishing him good luck in the profession of his choice.¹⁶⁴

Another type of scientific misconduct, also in *Doctors*¹⁴³ is perpetrated by a very senior researcher. Dr. Paul Rhodes,¹⁶⁵ from the National Institutes of Health (NIH) in Bethesda, who has been collaborating with a group from Finland, is planning to publish the results without acknowledging the help of his Finnish colleagues. While Rhodes is not actually making false claims, he attempts to deny the Finns their rightful share of the credit for their joint discovery. Publications in prestigious journals are "the coin of the realm" by which scientific "success" is measured, so that the omission of a collaborator's name constitutes a kind of theft. Rhodes' plans are frustrated, but in the process Marshall Jaffe, Rhodes' heir apparent, who acts as whistleblower, loses his job¹⁶⁵ (see also p. 202).

The youthful Nobel Laureate, Jeremiah Stafford¹⁶⁶ turns out results that cannot be reproduced and makes an unexplained visit to his laboratory late at night. The suspicion of fabricated data is never confirmed, but Stafford is so disturbed by the innuendoes, that he decides to abandon a brilliant research career in favor of clinical medicine (see also Chapter 1, p. 29).

Academic and research medicine appears associated with ferocious infighting and political machinations. Disputes between colleagues are obviously not confined to university departments and

research institutes (*see* Book 2, p. 61) but opportunities to engage in such hostilities are limited for practicing doctors. They have to look after sick people, who not only take up a large part of their time, but also provide them with a degree of insight into the triviality of their squabbles. Doctors attached to institutions can devote unlimited time and energy to internecine conflicts and to harassing their junior staff.^{53, 63, 124, 143, 167}

Realistic accounts

A few authors^{146, 151, 153} provide convincing accounts of contemporary medical researchers and their activities. Investigators like Martin Peat-Smith,¹⁶¹ Isadore Cantor,¹⁶⁶ and Samuel Brook¹⁶⁸ either hold no medical qualifications or do not attempt to engage in clinical activities. They work in laboratories financed by universities or pharmaceutical companies and while funding is always a problem (especially in universities) the researchers do not have to worry about their own meager salaries or basic accommodation. Whether acclaimed^{161, 166} or not,¹⁶⁸ they have important hypotheses which they try to confirm or refute..

Why research?

What attracts a small number of the best and brightest medical graduates into research? Why would anyone in his right mind enter a career consisting of what Professor Gottlieb chooses to call “the beautiful dullness of long labors”¹⁵³ but which is essentially the tedious drudgery of getting methods to work before any results can be obtained? John Rowan Wilson, whose novels^{168, 169} portray several medical researchers, explains the career choices of two of them. Dr Martin Farrell, at medical school, attracts the attention of Professor Hackett, the virologist, who becomes Farrell’s mentor and sponsor.¹⁷⁰ Within a year or two after obtaining his medical degree, Farrell is “a minor scientific celebrity,”¹⁷⁰ and within ten years he has not only isolated the virus responsible for “South Atlantic Encephalitis,” but has also prepared a vaccine which is ready for clinical trials.

Lord Maxfield, another of Wilson’s researchers¹⁷¹ does not require a mentor to steer him away from clinical medicine. His “startling” academic record in medical school and the “ridiculous ease” by which he obtains his “higher qualifications” make him decide that he requires something more exciting than looking after patients.

“Ordinary clinical medicine barely seemed enough. The intellectual side was too simple to be stimulating – the more indefinite, human side called for qualities of sympathy and understanding in which he was noticeably deficient. It was inevitable that he should choose research.”

Maxfield joins a neurophysiology unit, but, after some initial “useful discoveries,”¹⁷¹ he runs out of ideas and returns to clinical medicine. Remarkably, he is highly successful, particularly at medical politics (see also Chapter 9, p. 316). He is elected president of the London College of Physicians, he chairs committees awarding research grants and he is a member of editorial boards of medical and scientific journals determining the fate of controversial papers. Unfortunately Maxfield’s political agenda overwhelms his scientific background. On one occasion, he delays publication of an original paper for ten months, while, in the meantime, one of his assistants publishes similar observations.¹⁷²

Jesse Vogel’s future father-in-law, a Nobel Laureate in medicine,¹¹³ who tries to steer the young medical graduate towards a research career, explains, somewhat half-heartedly:

"I see in you a genuine liking for people, maybe even a need for people. You want to feel your way along by gauging other people’s opinions of you, their satisfaction with you and this seems easiest in terms of patients. The sick are always hopeful and always grateful. They are always immediate. They are very real. I can understand your interest in that kind of medicine. But research is also a matter of other people. These people are not physically available to you but that doesn't mean they don't exist ... And then you will have a certain relationship with your colleagues, even those who are in other parts of the world ... And this is ultimately what is most satisfying about research." ¹¹³

The excitement of posing a meaningful, answerable question and the joy of coming up with an answer after months of seemingly Sisyphean efforts, are almost totally absent from fictional literature.

Summary – Chapter 6.

Careers in medical research, especially clinical research, are mentioned relatively infrequently in works of fiction. When research activities are discussed, they are described anachronistically, inaccurately, unsympathetically or all three, because the authors either do not understand what is involved or because they are hostile to the idea of experimental animals or human "guinea pigs." Researchers are unpleasant individuals who spend much of their time in pursuit of their enemies

rather than in pursuit of the truth.

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Chapter 7. Abortions and Abortionists.

"I will not give to a woman a pessary to cause abortion. But I will keep pure and holy both my life and my art."¹

"It's an awfully simple operation."²

A physician confronted by a desperate woman begging for a termination of her pregnancy, obviously faces an ethical dilemma. This clinical scenario, which is extremely common in the real world, is mentioned specifically in the Hippocratic Oath¹ together with clear instructions concerning how the doctor should respond.

This chapter presents a portrayal of doctors in the context of unwanted pregnancies, as described in works of fiction, mainly over the last 100 years. While legal and technical considerations relating to abortions have changed considerably over this period, the portrayal of the abortionist (like that of the medical entrepreneur³) remains largely unfavorable.

Historical: Literature of the Eighteenth and Nineteenth Centuries.

In eighteenth century literature abortions were not only openly discussed, but even treated facetiously and as a source of amusement. Smollett⁴ tells the story of a servant girl who has been "familiar" with Launcelot Crab, a surgeon of disgusting appearance and disposition. The young lady tackles Crab with news of her pregnancy for which he may have been responsible. When confronted

"with the ... success of their mutual endeavors ... he was far from being overjoyed at this proof of his vigor ... [and]... persuade[d] the girl that she was not with child but only afflicted with a disorder incident to young women, which he would easily remove. With this view (as he pretended) he prescribed for her such medicines as he thought would infallibly procure abortion."⁴

The scheme fails, not on account of anyone's religious scruples but because the young woman, encouraged by Roderick Random, uses her pregnancy to blackmail her master, and refuses Crab's

treatment.⁴

Samuel Richardson⁵ treats the subject less indulgently. Sally Martin, who begins her career as a prostitute when she becomes the mistress of the notorious Robert Lovelace, has reached a stage where

“the effects of [her] ... guilty commerce ... became too apparent to be hid ... She practiced to bring on an abortion which she effected though she was so far gone that it had like to have cost her life. Thus unchastity her first crime, murder her next.”⁵

Abortions were still widely available during the early nineteenth century. Indeed, operators like "Madam Restell" openly advertised their "experience and knowledge in the treatment of female irregularity" in the popular press during the 1840's.⁶ "Self injecting syringe(s) ... with ... intrauterine tube(s)" were manufactured and marketed in the USA until anti-abortion legislation was introduced between 1870-1900.⁶

During the late nineteenth and early twentieth centuries the subject became taboo, so that works dating from that time fail to mention even homely and useless "remedies" such as hot baths,⁷ jumping off the dining room table,⁷ large quantities of gin,⁷ and castor oil.⁸ Unplanned pregnancies (real or pretended⁹) amongst unmarried women were likely to lead to hasty marriages, not necessarily to the biological father.^{10, 11} Alternatively, a wealthy and powerful man might offer to set up a business for a potential suitor of a discarded, pregnant mistress, so as to make her more desirable as a "package deal."¹² "Fallen" or adulterous women who became pregnant and did not commit suicide tended to go into premature labour¹³ delivering sickly infants who did "what was expected of them,"^{13a} dying spontaneously in the neonatal period.^{13, 13a, 14} A few babies were killed by their distraught mothers.^{15,}¹⁶ The surviving "children of shame" were handed over to strangers who treated them with varying degrees of brutality.^{17, 18} A few courageous women brought up their children single-handedly, sometimes at the price of considerable social isolation.¹⁹ If termination of pregnancy ever entered the minds of these women as a possible option, such thoughts are not even alluded to in nineteenth century literature, let alone acted upon.

Unmentionable Activities; Cleaning up the Mess.

A bungled abortion is mentioned, somewhat obliquely, in Arthur Schnitzler's play *Professor Bernhardt*²⁰ which was first produced in 1912. In the first scene, we hear about an 18 year old girl who is dying of gram negative septicemia in a Vienna Hospital after an "illegal operation," though the patient herself never appears and we are left to guess what might have preceded her admission. The professor, who is in no way responsible for the girl's death, lands in jail through performing what he considers his duty. Similarly, Iris Storm in *The Green Hat*,²¹ comes to medical attention on account of "septic poisoning" which develops after what was probably an abortion (see Volume 2, p. 170) though the nature of the procedure and Iris' subsequent treatment are not revealed.

Eugene O'Neill, whose 1928 play *Strange Interlude*²² appears to condone abortions on eugenic grounds, does not once use the expressions "termination" or "abortion". When Nina Evans tells Dr Darrell the story of her pregnancy and its termination because of insanity in her husband's family, she refers to the procedure as "an operation."²³ The abortionist never appears.

Several novels published during the 1930's and early 1940's^{24, 25, 26} describe fictional doctors who have to tidy up after messy procedures performed by unidentified individuals or by the patient herself. Céline's Dr Bardamu²⁴ is summoned to see a young girl who has evidently been bleeding for some hours (there is a pool of blood on the floor). He advises immediate transfer to hospital, because even an adequate examination is impossible at home, but the girl's mother will not hear of a hospital admission. She prefers a "respectable" death at home to the inevitable publicity associated with hospitalization.²⁴ Bardamu, corrupted by his poverty, meekly collects his 20 franc fee, and departs.

Vicky Baum's Dr. Emanuel Hain²⁵ whose first patient was "a girl writh[ing] on a blood soaked mattress ... in a stuffy garret" seriously considers notifying the police and is only restrained by the "progressive ideas" recently acquired from a friend.²⁵ Hain escapes unscathed from this episode but he pays dearly for his progressive ideas later on.

Dr Routh Graham,²⁶ a newly graduated doctor trying to cope with a a paratyphoid epidemic, comes across Rhiannon Price-Davies, a young woman suffering from the after-effects of a septic abortion,.

He even meets up with the abortionist, a "mildewed midwife.," who comes to check on her victim in hospital. The whole affair makes him feel "disgusted because it was sordid and as far removed as possible from his idea of medicine."²⁶ (Rhiannon recovers and the police do not get involved.)

"Virtuous" Refusals

By the time when demands for abortions begin to be mentioned in twentieth century fictional literature,²⁵⁻⁴⁰ anesthetic agents and sterile procedures were readily available. However, licensed doctors (real or fictional) generally continue to adopt the Hippocratic¹ attitude.

The diary of Söderberg's *Doctor Glas*²⁷ contains several accounts of pregnant women who implore the cynical doctor to rescue them:

"A poor woman was here weeping and begging me to help her ... Married to a minor official, four thousand crowns a year ... with three children. In the first three years the babies came, one after another. Since then, for five years ... she has been spared. Has regained a little health, strength, youth ... And now, all of a sudden, here it is again ... She could hardly speak for tears ... I replied, of course, with my usual lesson. Known by rote, I always recite it on such occasions: My duty as a doctor. Respect for life, even the frailest. I was serious, immovable. In the end she had to go away; ashamed, bewildered, helpless. I made a note of the case. The eighteenth in my practice. And I'm not a gynecologist.²⁷ [Glas strongly distrusts his stated motives in refusing to help this poor woman]. Respect for human life - what is it in my mouth but hypocrisy? Human life ... swarms around us on every hand. And as for the lives of faraway, unseen people, no one has ever cared a fig for them ... And duty! An admirable screen to creep behind, when we wish to avoid doing what ought to be done.²⁷[The doctor justifies his inaction on practical grounds.] No one can risk his ... social position, respectability, future, everything, merely to help strangers he is indifferent to. Rely on their silence? That would be childish. Some woman friend gets into the same fix, a word is whispered as to where help is to be found and soon you're a marked man. No, best stick to duty."²⁷

On another occasion a male acquaintance asks Dr Glas "to help his girl-friend out of a fix. He talked about old memories and headmaster Snuffe ... I was unshakeable. I recited my doctor's oath to him. This impressed him to the extent of his offering me two hundred crowns cash and a bill to the same amount, together with his lifelong friendship. It was almost touching. ... I threw him out."²⁸

Doctor Glas expresses some regret over not having helped the very first patient who asked him for a termination, a single girl "a big dark haired rather vulgar young beauty" who begged him to "save

her." The doctor advises her to talk to mother. "She'll talk to Papa, and there'll be a wedding."²⁷ There is indeed a hasty, somewhat undignified marriage to the "counter-jumper Don Juan."²⁹ The non-aborted infant turns out severely retarded with "evil stupid eyes." "Couldn't I have helped her that time when in her hour of utmost need and despair she went down on her bended knees?"³⁰

Doctor Glas' pretended reverence for the "sanctity of human life" does not prevent him from murdering one of his patients, whose wife, also a patient of Dr Glas, can no longer tolerate her husband's sexual endeavors³¹ (*see also* Book 2, p. 114-5).

Another early hypocrite who virtuously refuses to terminate a pregnancy because of alleged moral scruples is described by Theodore Dreiser in *An American Tragedy*.³² Dr Glenn who declines to help Roberta Alden because "his conscience will not permit [him to] destroy life" is quite happy to suspend his religious principles when "heavily sponsored" girls from good families require to be "extricated from the consequences of their folly."³³ (See also Book 2, pp. 124-5.)

Hypocritical or not, doctors asked for a pregnancy termination in the pre-Roe v Wade days, generally refuse on moral or legal grounds with varying degrees of virtuous indignation.

"The 'girl in trouble' was almost an institution in King's Row. Doctors were periodically visited by worried young men wanting to know if there was 'anything she could take, you know'. They never seemed to learn that there wasn't."³⁴

Dr Jim Wyatt, the romantic medical hero in Elizabeth Seifert's *Bright Scalpel*³⁵ is asked by mother and father Downing to "get rid of the[ir] girl's baby". Jim who will have nothing to do with such wickedness, refuses as a matter of course. The Downings go elsewhere, only to be refused again, and the pregnancy continues its natural course.

Cronin's Dr Andrew Manson³⁶ becomes highly indignant when a married clergyman asks him, somewhat ambiguously, for advice on the subject. "You're a very up to date doctor by all accounts and purposes. You're in the way of knowin' everything that's new. And I'd be glad - mind you I'll pay you a nice little fee too ... You see the wife and I don't want any children for a while ... " Manson, whose wife is unable to have children, loses his temper and tells the patient to get out of his sight, calling him

"a dirty little man of God."³⁶

Dr. Andrew Thompson, of White Plains,³⁷ who is "beginning to establish a reputation throughout Westchester County,"³⁸ also reacts with rage when consulted about the feasibility of a termination. In his case the objections are based on legal rather than moral grounds. The person seeking advice is Andrew's brother Leroy, a Broadway director and producer, who believes he has impregnated a young actress and who has traveled to White Plains to ask his brother to help him out.

" 'Certainly not!' said Andrew indignantly. 'Why, you must be crazy if you think I'm going to jeopardize my career and my family life and everything that goes with it just because you haven't learned to keep your pants buttoned.' 'I'm not asking you to do anything about it personally. All I'm asking is that you send me to the right place. What's so unusual about that?' 'I don't know any people like that, and if I did I wouldn't do anything about it. Supposing something went wrong and the girl died. Or somebody started talking and my name got dragged into it. I'd be ruined professionally and maybe even lay myself open to criminal prosecution. No thanks, I'm not having any of it. You got yourself into this and you can damned well get yourself out.' "³⁸

Dr Chris Arden, the hero of Mary Rinehart's *The Doctor*,³⁹ who is consulted by an unmarried, pregnant woman, does not even consider abortion as an option. Instead, he presents an ultimatum to Jerry Ames, one of the city's eligible bachelors and father of the unborn child: Either Ames provides some financial support for his former girl friend, or his current fiancée will be notified.⁴⁰ After an initial outburst of anger, Jerry tries diplomatic tactics. Why could Chris not terminate the pregnancy?

'See here Arden. You're a doctor. If you're so interested in her why don't you get her out of this mess?' 'She doesn't want out,' said Chris quietly. 'And I'm not interested as you call it. I never saw her until tonight. I wouldn't do it anyhow. Apart from the risk to her, it's against the law.' 'Is it against the law if there's enough in it?' Jerry asked nastily. Chris kept his temper with difficulty. 'I'll let that go,' he said. 'She's going to have this child and she isn't asking a great deal. She doesn't see it as blackmail, nor do I. After all, you're the father.'⁴⁰

Another description of a refusal on legal grounds is to be found in *Doctor Rose*,⁴¹ written in the 1980's but set in the 1920's. The patient in this instance is a twenty-year old woman with an unemployed husband and two children under the age of eighteen months. She is now pregnant for a third time and inquires if Dr Rose Stanton can do anything for her.⁴² "If you mean can I get rid of the baby, the answer is No. It's against the law, even if I were agreeable. What you really need is advice

on how not to have babies so close together. But now isn't the time."

In addition to "it's against my principles" and "it's against the law" there is the occasional "it's against your best interests" that makes doctors refuse to terminate a pregnancy. Doris Lessing's Dr. Stern⁴³ is determined, from the moment newly-married Martha Quest comes to ask for contraceptive advice, that contrary to what she says, what she she really needs is a baby and, of course, he wins the unequal struggle between doctor and patient. During the first consultation, Dr Stern "delivered a lecture designed for the instruction of brides." When Martha displays "a greater degree of sophistication than he was used to" and mentions an alternative contraceptive device, Dr Stern proceeds "to recommend the method she herself had suggested, and with as much warmth as if he had never recommended another."⁴³ The consultation ends amicably but once outside the office, Martha realizes that "Doctor Stern had said nothing at all." The doctor remarks to his nurse "that in three months' time [Martha] would be back in this room crying her eyes out and asking him to do an abortion - he knew the type."⁴⁴

Dr Stern's predictions prove correct. Some weeks later Martha reappears suspecting that she might be pregnant. The doctor "explored the more intimate parts of Martha's body with rubber-gloved fingers and at the same time made conversation about the international situation. Finally he informed Martha [incorrectly] that he did not think she was pregnant, she might set her mind at rest ... He then made the mistake of complimenting her on her build which was of the best kind for easy child bearing. Martha was stiff-lipped and resentful and did not respond. He quickly changed his tune saying that she needn't think about such things yet."⁴⁵

After another two months' amenorrhea, a full bottle of gin, a boiling hot bath and ineffectual leaps off the table (see p. 218) Dr Stern informs Martha during a further visit⁴⁶ that she is over four months pregnant.

"He saw her reproachful look and said that doctors were not infallible ... She looked at [his] grave responsible face and hated him bitterly from the bottom of her heart. She asked him bluntly if he would do an abortion. He replied immediately that he could not. There was a long and difficult silence. Dr Stern ... reached out for a small statuette which stood on his desk. It was in bronze of a mermaid-like figure diving off a rock. He fingered it lightly and said 'Do you realize that your baby is as big as this already?' It was about five inches high. ... 'Eyes, ears, arms, legs - all there.' Martha was so bitter that

she could not move or speak a word. All she was for him ... was a 'healthy young woman.'" ⁴⁶ [As a parting shot, Dr Stern tells her] with a real human kindness that she was able to appreciate only later, that she should think twice before rushing off to see one of the wise women: her baby was too big to play tricks with now. If she absolutely insisted on an abortion she should go to Johannesburg where as everyone knew, there was a hospital which was a positive factory for this sort of thing. The word 'factory' made her wince and she saw at once ... that it was deliberately chosen."⁴⁶ [Dr Stern ultimately takes care of Martha during the birth of a healthy girl.]

Margaret Drabble, who is more sympathetic to physicians than most female authors, describes a consultation between a pregnant writer (Lydia Reynolds) and a psychiatrist. Lydia hopes to enlist the doctor's help in legitimizing an abortion⁴⁷ but he refuses, not on moral, legal or pecuniary grounds, but because he genuinely believes that an abortion would do more harm than good.⁴⁸

"Off I went to convince this ... fat old man ... that if I had this baby I was going to be a mental and physical wreck. ... He asked me all my life story and I told him the whole lot which was great fun - ferocious mother, dad bumped himself off because she bullied him, four roomed house, squalor, sent to work at sixteen. ... By the end of my recital I felt so sorry for myself, I nearly burst into tears ... When I finished he said he was very sorry but in my case ... he couldn't possibly recommend termination of the pregnancy. He said I was too sensitive and impressionable and conscientious, and that in cases like mine, termination was far more likely to lead to a breakdown than going to full term."⁴⁸ [Lydia has a spontaneous miscarriage "without any effort at all."]

Medical fathers aborting their own fetuses are described,⁴⁹⁻⁵² but the phenomenon is rare. Dr Jesse Vogel⁵³ evidently feels too paternal towards Reva Denk's fetus to contemplate an abortion. Jesse, who subsequently becomes an eminent neurosurgeon, is infatuated with Reva, a former patient, an artist and an artists' model. His feelings are not reciprocated. Reva has no time for Jesse who does not understand art in general and her own paintings in particular (see also Book 2, p. 145). She resists his advances⁵⁴ but turns up a few years later, ostensibly to renew their acquaintance but in reality to enlist his help in obtaining an abortion.⁵⁵ Jesse, who has been fantasizing about Reva bearing his children, is disgusted when he finds out what she wants, and tells her to go to hell. However, some weeks later he follows her to an artists' colony in Northern Wisconsin⁵⁶ offering to leave his wife and daughter to marry her and to be a father to the unborn child. Nothing comes of this proposal and the reader never discovers how Reva's pregnancy ends.

Repulsive Abortionists

"Up in Pennsylvania I met a little man
Not Rumpelstiltskin at all, at all...
He took the fullness that love began."⁵⁷

As soon as abortionists reappear in fictional literature they are portrayed as physically and intellectually repulsive individuals, who possess few redeeming features other than their willingness to carry out the "forbidden" procedure (for an exorbitant fee). These characters display lecherous tendencies,⁵⁸⁻⁶¹ they are ignorant of the most elementary principles of hygiene,⁶¹ and several are drunkards.^{61, 62} The type persists for many decades.

Axel Munthe's abortionist¹⁸ is "a coarse and cynical ... fellow ... The last time he had called me in had been to assist at the agony of a young girl dying of peritonitis under very suspicious circumstances, so much so that it was with hesitation that I consented to put my name next to his on the death certificate."¹⁸

Céline's Dr Sabayot, a confirmed alcoholic,⁶² is appointed municipal medical officer as a reward for performing abortions on the girl-friends of local politicians. There are no disasters - his hands have not as yet developed their chronic tremor.⁶²

Theroux' Lucy⁶¹ who has been refused help by a fashionable Park Avenue doctor (see also p. 232) finishes up under the "care" of a dirty, smelly and unshaven alcoholic.⁶¹ Lucy has to meet this person in a bar, he drives her to an isolated, dilapidated house and he rapes her prior to inserting a metal tool which he had brought in a paper bag.⁶¹

Van der Meersch, who exaggerates and whose medical details are often inaccurate, begins his *Bodies and Souls*⁵⁰ with an abortion. Santhanas, a senior medical student has tried to terminate the pregnancy of his current girlfriend, to whom he refers contemptuously as "a bit of skirt". The bungled procedure is carried out by candlelight without any pretense at asepsis, the girl lying "on an old piece of oil-cloth ... which was drenched with blood". Fortunately, Santhanas has the sense to summon a more

competent friend who completes the procedure, checks the uterus for perforations and takes the girl home to her "highly respectable lower middle class parents" giving her a lecture in the taxi.⁵⁰

Santhanas comes across as an incompetent, dissipated and despicable character who is referred to as a swine by his colleagues.⁶³ He manages to graduate but he is subsequently expelled from the University Hospital for falsifying a laboratory result. Moreover, he is discovered to be living on the immoral earnings of his mistress.⁶³

Konsalik's Dr Alf Bornholm⁵¹ although medically highly qualified, is another vicious character. He aborts one of his discarded girlfriends, kills her in the process and manages to attach the blame to his current lover, Erika Werner.⁶⁴ He is ultimately exposed and disgraced.

When Weldon's Helen Lally,⁶⁰ makes plans to have her pregnancy terminated, she consults Dr Runcorn⁶⁰ another revolting character. Runcorn is described as

"an evil man ... a small plump fiftyish doctor with pebble glasses through which he stared at Helen's most private parts while his stubby fingers moved lingeringly (so it seemed to Helen) over her defenseless breasts and body ... 'We don't want to leave the little intruder in there any longer than we have to' said Dr Runcorn in his wheezy nasal voice. 'At ten tomorrow we'll set about getting you back to normal! A shame for a girl as pretty as you to waste a single day of her youth ... Next time you go to a party ... remember me and don't get up to mischief. You've been a very naughty girl.' "⁶⁰ (There is no abortion and "the little intruder" develops into "Little Nell.").

A particularly repulsive abortionist appears in Susan Schaeffer's *The Madness of a Seduced Woman*,⁶⁵ Dr. Grimsby was a "short plump man" who

"stank of sweat and smoke His skin hung loosely from his skull, his lips were thin and bitten and the top of his head gleamed yellow under his oily hair."⁶⁶

Grimsby, who performs abortions in patients' homes, is received by Agnes Dempster and her sensible friend Polly. His first two questions are "Who's the patient?" and "Who's got the money?"⁶⁶ " 'It's here,' Polly said holding out an envelope, 'you can have it when you've finished.' 'Now, or I don't do it at all,' he said." Dr Grimsby then makes Agnes work the curette on herself so as to protect himself from subsequent prosecution.

" 'Just a minute!' Polly hissed; 'we're not giving you all that money to do this ourselves' ... He threw the envelope down on the bed next to me. 'It's yours,' he said. 'I'll just pack up.' 'No,' I said, 'you have to do it.' 'Little lady,' he said nastily, 'I don't have to do anything I don't want to do.' "⁶⁶

After a few further threats and counter-threats Agnes agrees to handle the instrument herself, despite her intense pain. At the end of the procedure Dr Grimsby announces: " 'She'll be all right in the morning.' 'And if she's not,' said Polly's voice ... then we don't call you, do we?' 'Don't call me,' he said, 'I never saw you before.' 'Get out of here,' Polly said, 'or I'll shout the house down.' 'You're all the same,' the doctor said, 'you can't wait to get me here and then you can't wait to get rid of me.' "⁶⁶

Graham Greene in *A Gun for Sale*⁶⁷ describes yet another physically repulsive abortionist. Dr Alfred Yogel's "hair was jet black. He looked as if it had been dyed and there was not much of it. It was plastered in thin strands across the scalp. When he turned he showed a plump, hard bonhomous face, a thick sensual mouth ... He smelled faintly of brandy." Yogel is consulted by James Raven, the hare-lipped criminal, who wants his appearance changed immediately. Raven does not understand that Yogel would be quite incapable of performing the appropriate plastic surgery.⁶⁸

The doctor's receptionist is as disgusting as her employer. She has "a mean lined face and untidy gray hair. Her uniform needed washing: It was spotted with grease marks and what might have been blood or iodine. ... She was toughened by a long career of illegalities, by not a few deaths." The shabby waiting room is illuminated by a single bare light globe and contains as the only pieces of furniture "a chair (and) a round oak table splashed with dark paint." The set-up is entirely in keeping with an abortionist's sordid establishment in the days before abortions were decriminalized.. Raven, the hired killer, feels betrayed when he discovers that Yogel is planning to hand him over to the police. "These people were of his own kind; they didn't belong inside the legal borders."⁶⁸

The doctor who performs Mary Whitney's abortion,⁶⁹ is incompetent as well as rapacious.⁷⁰

"Two days later [Mary] said she'd ... heard of a doctor who could help her; he was the doctor that the whores went to when they needed it; and I did not know what she meant, having never heard of such doctors. And she asked if I would lend her my savings ... The doctor lived in a large enough house in a good neighborhood. We went in by the servants' entrance and

the doctor himself met us. The first thing he did was to count the money. He was a big man in a black coat and looked at us very severely; and he told me to wait in the scullery and then said if I told anything about it he would deny ever having seen me. Then he took off his frock coat and hung it on a hook and began rolling up his shirtsleeves as if for a fight." [There is much screaming during the procedure and Mary dies the next day.]⁷⁰

Dr Matthew O'Connor⁷¹ whose "interest in gynecology" compels him to translocate from San Francisco to Paris,⁷² though articulate and well educated, with an original turn of mind, now lives on his wits in filthy conditions and supplements his "gynecological" income⁷³ with hand-outs from friends and acquaintances.⁷⁴ O'Connor, like the rest of the characters in *Nightwood*, is a grotesque freak. He has turned into an alcoholic,⁷⁵ and a thief who steals not only money but also cosmetics, which he proceeds to apply to himself⁷⁶ (see also Book 2, p. 221).

John Barth's *The End of the Road*⁷⁷ contains a detailed account of Jacob Horner's search for an abortionist, which leads him and his lover to an untrained man and to disaster. The story is set in "Wicomico", a small college town in Maryland in the year 1953. The "patient" is Rennie Morgan who has become pregnant after an adulterous relationship with Horner. There is some doubt about the paternity of the fetus, and Rennie threatens to kill herself unless her pregnancy is terminated. She consults her regular doctor who tells her "she should be ashamed,"⁷⁸ Horner then telephones every doctor in Wicomico, (in alphabetical order), calling himself Dempsey and quoting the names of several fictional out of town psychiatrists who have allegedly diagnosed desperate mental troubles in his wife. Predictably, the Wicomico physicians are unhelpful. Three of them refuse to discuss anything at all over the telephone.⁷⁹

"Doctor #7, to my inexpressible relief seemed not quite so unreceptive to my story. ... He sounded like a younger man ... 'Now Mr. Dempsey,' he said when I'd finished my piece, 'you realize that any doctor who agrees to help your wife is assuming considerable responsibility. ... I sympathize with your problem ... and the law does provide that where there's a clear danger to the patient's life, certain measures can be taken at the physician's discretion. You admit that Mrs. Dempsey is in good physical condition so the question is whether her psychological condition is as serious as you believe it is. That would be a difficult thing to prove if anyone wanted to make an issue out of it and I may as well tell you that certain of my older colleagues in Wicomico would jump at the chance to make an issue out of a thing like this. Frankly I'm not the martyr type.' [Doctor #7's loquacity gives Horner some hope.]⁷⁹ Any professional man who would criticize his colleagues to a perfect stranger on the telephone was, I guessed, a man with whom arrangements could be made."

Doctor #7 is not quite as gullible as he first appears. Unimpressed with Horner's impersonation of a Philadelphia psychiatrist, the doctor demands a signed affidavit before he will act. He is also somewhat conspiratorial. "Despite the fact that this won't be illegal, we'd just as well keep it quiet." In the end the procedure is performed by an unnamed itinerant black crank who calls himself a doctor but whose medical expertise and qualifications are highly suspect.⁸⁰ This man relieves Horner of his remaining funds and performs a brutal curettage. He fails to ascertain that Rennie had eaten a large meal just before presenting to his "establishment" and Rennie dies from inhalation of vomitus during an ether anesthetic.

Skeet MacGowan, a glib drug-store clerk in Faulkner's *As I Lay Dying*⁸¹.has no medical training whatsoever, and would be quite incapable of performing an abortion. However, he has learnt enough of the jargon to impersonate a doctor, and to behave in a way he considers appropriate to an abortionist. Skeet obviously finds his encounter with Dewey Dell Bundren, a simple, distraught, inarticulate, seventeen-year old girl, highly entertaining.

“ ‘Now, madam,’ I says, ‘what is your trouble?’ ‘It’s the female trouble,’ she says, watching me. ‘I got the money,’ she says. ‘Ah,’ I says, ‘Have you got female troubles or do you want female troubles? ... You got something in your belly you wish you didn’t have?’ She looks at me. ‘You wish you had a little more or a little less, huh?’ “⁸²

When Dewey Dell finally indicates that she is pregnant and insists that she needs urgent help, the “doctor” persuades her that she requires a further “operation” consisting of the insertion of his own organ. ”It won’t hurt you. You’ve had the same operation before. Ever hear about the hair of the dog?“ Skeet who is opportunistic rather than vicious, at least lets Dewey Dell keep her ten dollars.⁸²

Physically Clean, Ethically Dirty.

A second type of abortionist comes with clean finger nails but a deeply flawed personality. Such characters shave regularly, they do not drink on the job and they know all about gram negative bacteria. Far from occupying a dirty little office in a squalid part of town, they may be on the staff of a leading hospital. However, they lack the attributes of proper doctors and “naturally” drift into this kind of “dirty work.” Some are frankly psychotic.

John Paul Otis, the abortionist in *The Interns*⁸³ is portrayed as a weak and despicable character from the time he makes his first appearance. He almost gets thrown out of medical school for cheating during the pathology examination, but the charges are not proven, and he is allowed to graduate.⁸⁴ As an intern, he carries out his duties efficiently but he is not interested in his work.⁸⁵ At the local bar, where members of the hospital staff congregate after work, Otis is unable to hold his liquor, and, seeking popularity among his fellow interns, he pays everyone's bills.⁸⁴ The source of his relative wealth turns out to be an unnamed pregnant woman whom he meets at a party and whose pregnancy he terminates.⁸⁶ As a "reward" this beautiful but evil creature who is driven by greed, becomes Otis' lover and manipulates him into setting up as an abortionist and to do no other medical work.⁸⁷ Otis finds himself totally cut off from the medical profession,⁸⁷ he comes to feel that his life is over and he almost longs to be found out and arrested.

Dr. Claude Brinkerman in *Testimony of Two Men*⁸⁸ also belongs in this group. Rich and influential,⁸⁹ Brinkerman enjoys "the highest reputation for dexterity and skill in obstetrics" in "Hambledon, Pennsylvania."⁹⁰ He is the senior gynecologist at "St. Hilda's" Hospital. When, in his fifties,⁸⁹ Brinkerman remarries and turns to abortions as an additional source of income to support his young wife's extravagant tastes,⁹¹ he displays extraordinarily vicious tendencies. He takes a perverse delight in traumatizing and removing women's reproductive organs^{90, 92} and, in the process, kills at least one of his patients⁹⁰ (see also Book 2, p. 209).

Didion's "tall and haggard" abortionist,⁹³ who wears a rubber apron and charges one thousand dollars in cash, does not deliberately injure his patients but he is obviously devoid of compassion.⁹⁴ Maria Wyeth who remains conscious throughout the procedure, receives a technically correct lecture, indicating that the doctor has no concept of her physical or emotional anguish.

" 'This is just induced menstruation', she could hear the doctor saying. 'Nothing to have any emotional difficulties about, better not to think about it at all, quite often the pain is worse when we think about it, don't like anesthetics ... just a little local in the cervix, there, relax, Maria, relax,' ... 'Hear that scraping Maria,' the doctor said, 'that should be the sound of music to you ... don't scream Maria ... better to get it all now than to do it again a month from now ... I said don't make any noise Maria, now I'll tell you what's going to happen, you'll bleed a day or so, not heavily, just spotting and then a month, six weeks from now, you'll have a normal period, not this month, this month you just had it, it's in that pail.' "⁹⁴

*Whose Little Baby Are You?*⁹⁵ is set in France at a time when the police are still interested in “illegal operations,” though discreet clinics are available for the rich. One such establishment is conducted by two austere-looking gynecologists, who resemble elderly priests rather than occasional abortionists. Unlike some of their colleagues, these two doctors undoubtedly wash their hands, they do not subject their clients to sexual harassment and they do not engage in unseemly quibbles over fees. However, they are portrayed as sexless “spinsters” who hinder rather than assist the process of procreation. Saul Bellow's Dr Elya Gruner⁹⁶ is the clean but contemptible abortionist par excellence (see also Chapter 5, p. 140). A weak man, he spends a lifetime trying to make himself agreeable.⁹⁷ He “had never wanted to be a physician;”⁹⁸ “medical school had not been his choice but his mother's.”⁹⁹ After graduation, Gruner, who “had always insisted on having affectionate endorsement, approbation, the good will of all who drew near,”¹⁰⁰ evidently finds gynecology the least unattractive of the specialties available to him and, for some years, he is a respectable and successful gynecologist with a chauffeur-driven Rolls Royce,¹⁰¹ and a Tudor-style home in Westchester county.¹⁰¹ In time he comes to dislike the surgical part of the work¹⁰² and concentrates on another procedure

"dilatation and curettage. Only when there was a terrific crisis, when some young socialite heiress got knocked up. Top secret. Only out of pity ... [He] pitied famous families ... ”¹⁰³

When heads of Mafia families approach Dr Gruner, asking for help with the gynecological problems of their teen-age daughters, he becomes "eager, even childishly ... even with a certain servility, to do what was required of him."⁹⁷ The Mafiosi pay vast amounts of cash which he hides in a hassock in his den, and which is still there when he dies.¹⁰⁴

Dr Gruner, who makes his money “from preventing children,”⁹⁷ derives little joy from his own family or his possessions. His wife Hilda, who is responsible for his social success is a cold person: "It would have been easier to love a theorem in geometry than [Hilda]."¹⁰² His daughter Angela is pathologically promiscuous, “smearing all with her female fluids,”¹⁰⁵ while his son Wallace, whom he regards as a "high IQ moron," is an unsuccessful entrepreneur, speculator and aviator.¹⁰⁶ Neither of the children is able to communicate with him on his death-bed. In addition, both the constructive and the destructive aspects of Dr Gruner's profession become distasteful to him so that for the last ten years of his life he does not work at all. His luxury car, his hoard of one hundred dollar notes and his manicured finger

nails¹⁰⁷ are symbols of futility indicating that from the “planetary” point of view the “successful” father is in no way superior to his “unsuccessful” son (see also Book 2, p.195)

We do not see Doc Fischer, Hemingway's Jewish abortionist,¹⁰⁸ actually perform terminations of pregnancy. We only hear about "his hands that had, with his willingness to oblige and his lack of respect for Federal statutes, made him his trouble." Fischer is a cynical poseur but Hemingway portrays him as a little more compassionate than his stupid and conventional colleague Doc Wilcox who would have indignantly refused to have anything to do with abortions.

Paul Theroux' Doctor Zinsler⁶¹, the fashionable Park Avenue abortionist who works in an office where a doorman in a blue uniform guards the entrance, (see also p. 225) is malicious as well as hypocritical. When Andre Parent, Lucy's shabbily dressed lover asks for advice on behalf of friends in trouble,* the doctor tells him: "You came to the wrong place." Obviously unimpressed by Andre's plea that "these friends of mine are pretty desperate," Dr. Zinsler gratuitously follows up with a moralistic remark: "Maybe they should have thought about the consequences of what they were doing." In other words - they brought it upon themselves and don't deserve any help or sympathy.⁶¹

Green's “slightly insane” abortionist¹¹¹ evidently succeeds at his “bloody trade” to an extent that he is able to build a luxurious mansion for himself and his loyal wife, the “blond daughter of a clam-digger,” who acts as his assistant. The doctor ultimately lands in jail.

A Series of Abortionists

Some fictional patients visit multiple establishments and in the process encounter the various abortionist stereotypes. Helene Willfuer, an impoverished chemistry student,¹¹² starts with multiple belly-flops at the local public swimming pool¹¹³ and then tries a nauseating concoction prepared over a spirit lamp in her rented room.¹¹⁴ Both methods fail to end her pregnancy, and Helene goes off to consult a series of medical men and women. One of them is repulsive and lecherous, one prohibitively expensive and one, a woman doctor, afraid of the law.

* Doctors asked for advice on behalf of “friends” or other third parties, generally assume (correctly¹⁰⁹ or incorrectly¹¹⁰) that the questioners are after information regarding themselves

"Doctor" Rauner, a failed medical student (see also Chapter 1, p. 33) who has become an alcoholic and an ether addict, is physically repulsive with "bald, mangy patches" in his "greasy hair," dandruff, "bleary eyes" and a flaky skin. He "permitted himself to press upon [Helene] attentions [and] caresses of the most disgusting nature." Helene flees after paying twenty marks "a month's rent at the very least."¹¹⁵

Helene's next port of call is the highly respectable establishment of Professor Riemenschneider, "from whom one could get anything." The rooms are well appointed with "white tiles, white paint, white furniture, white nurses." The professor who wears a white beard, a white coat and a sympathetic expression conducts Helene into his office through padded double doors.¹¹⁶

The words "pregnancy", "abortion" or "termination" are not mentioned at all in this "clinically correct" atmosphere. The professor recommends a "slight operative treatment" for her "irregularities", "a mere trifle" which would require a few days stay in his nursing home. The only problem about the professor is his fee. He demands one thousand marks (more than 4 years' rent) even at a reduced rate and when Helene declares that she does not have that much he advises her "with faint compassion" not to entrust herself to "less reputable hands."¹¹⁶

Helene's visit to "Frau Doktor Gropius" a female doctor taking care of women's complaints, is emotionally enlightening but a waste of time from the practical point of view.¹¹⁷ In the doctor's waiting room (in 1928) Helene learns more about women's problems than in many a lecture at the University. "Women of all ages [and] all classes ... talked of their own specialty - suffering ... The troubles of adolescence met here with the troubles of climacteric. Young girls were there with faces betraying concealed anxiety, like Helene herself; and tired women, poor in blood, unfit for childbearing ... All of us sisters, thought Helene Willfuor, realizing in a sudden flood of feeling that she belonged to them."¹¹⁷

Unfortunately Frau Doktor Gropius "also a sister" is unable to help, citing legal constraints to explain her powerlessness. "Do you really expect me to run the risk of imprisonment, to stake my whole existence? I can't do it. And I can only warn you with all my might against entrusting yourself to

quacks." ¹¹⁷ Helene, despite incredible difficulties, goes through with her pregnancy and produces a delightful child. She manages to graduate and the story ends happily.

Dr Ravic, the medical hero of *Arch of Triumph*¹¹⁸ also encounters a variety of abortionists. "Madame Boucher," (= Mrs. Butcher) a hideous woman¹¹⁹ who regards herself as an honest "benefactress" of desperate girls, is responsible for at least two disasters that come to Dr Ravic's attention. The reader is not given the details concerning Madame Boucher's professional training (if any) but she certainly possesses highly developed diplomatic and managerial skills.

Within minutes of his arrival, Ravic, who intends to obtain a refund of the fee paid by one of the Madame Boucher's victims, is drinking her excellent cognac and listening to a partnership proposition. He has no intention of entering into any arrangements with Madame Boucher, but this indestructible woman "had almost changed him from an outspoken enemy into an accomplice." On the way out, he meets two girls asking directions to see Madame Boucher. Ravic hesitates but decides there is no point in warning them off and he mutters: "On the third floor."¹¹⁹

Another pregnancy terminator in *Arch of Triumph*¹¹⁸ is Dr Durant, a medically qualified man.¹²⁰ He looks "like the Heavenly Father in a child's book,"¹²¹ and typifies the clean but repulsive abortionist. Durant whose patients come largely from the elegant parts of Paris is so rapacious that he haggles with his assistants over a few francs.¹²¹ He is detested by his staff, whom he treats as "better class underlings" denying them any chance of promotion. Above all the "old cheat with the rosette of the Legion of Honor in his buttonhole" is totally incompetent. During one operation¹²⁰ he perforates the uterus and pulls out some small intestine which he "mistook for fetal membrane". The patient requires a hysterectomy and a bowel repair which Durant's despised assistants have to perform for him.

The third abortionist in *Arch of Triumph* is Ravic himself. In principle, he deplors "the senseless laws which forced so many lives into the hands of quacks instead of doctors,"¹¹⁹ but, on the one occasion, when he has to perform an abortion himself, he is most reluctant about the procedure. The patient's abdomen is found, at laparotomy, to contain widespread peritoneal metastases as well as a three months' old fetus. Termination is clearly indicated, but Ravic has grave misgivings about ending the

”groping life” of this child which is still attached to its mother’s “disintegrating body.”¹²² He briefly fantasizes about the future of this fetus “something that would one day want to play in gardens, that would want to become somebody, an engineer, a priest, a soldier, a murderer, a human being, something that would want to live, to suffer, to be happy, to go to pieces.” After his efforts, he is left with “a bit of dead pallid flesh and dripping blood.”

Amateurs: Disasters

The fictional physician who terminates a particular pregnancy may be portrayed sympathetically if there are mitigating circumstances. Dr Matthew Swain, the central character in *Peyton Place*¹²³ who represents the earthy small town family doctor of the 1930's, performs one abortion without becoming an abortionist. Swain is not given to pondering over ethical principles. He prefers playing poker to reading medical journals, he frequently uses unparliamentary language in public, and he drinks a good deal of alcohol. His simplistic outlook on the world is summarized by the "three things which he hated ... death, venereal disease and organized religion ... in that order."¹²⁴ He also dislikes medical specialists.¹²⁵ Despite his "careless, sometimes vitriolic tongue" he is regarded as a good doctor and he is generally popular.

Swain is consulted by Selena Cross (aged sixteen) who has been repeatedly raped by her stepfather and whose menstrual periods are now two and a half months overdue.¹²⁶ Selena expresses a half-hearted death wish and Swain decides, after several drinks and much rumination, to "inflict death" on the fetus rather than to lose "this life, the one already being lived by Selena."¹²⁶ In order to protect Selena's reputation (and his own) Dr Swain announces that Selena requires an urgent appendectomy (the year is 1939) and he actually removes a normal appendix after a curettage "messiest appendectomy I ever performed." Swain regards the entire business as an "alien task." He feels particularly guilty about involving a Catholic nurse who briefly considers informing the ecclesiastical and secular authorities,¹²⁶ but abandons the idea and acts as Swain's accomplice.

The story becomes public some years later when Selena kills her stepfather during a further rape attempt,¹²⁷ and Dr Swain becomes the principal witness for the defense at her murder trial. On the basis of his evidence, which includes an account of her teen-age pregnancy, Selena is acquitted.

Despite dire predictions by a court reporter, Swain is not only not deregistered, but remains the respected and popular doctor of *Peyton Place*.¹²⁷

Two abortions in *A Wilderness of Monkeys*¹²⁸ are performed by “regular” doctors. Both seem “justified“, but both end in disaster. The first, set in the second or third decade of the 20th century, involves Mollie Shayne, the sixteen-year old daughter and only child of Lucius Shayne, an overpowering, self-made entrepreneur. Mollie, who has been impregnated by the penniless son of a poor farmer,¹²⁹ is afraid her father might resort to violence¹³⁰ and approaches young Dr. Edward Chance for help. Chance, whose medical education had been paid for by Lucius, decides “after a long and sleepless night” that the time has come to pay back some of the debt he incurred during his time in medical school. He tells his benefactor about Mollie and “he paid his debt to Lucius Shayne, upon Lucius Shayne’s demand. ... There was an abortion ... Mollie Shayne died [and] Doctor Chance shot himself..”

Paige Mitchell’s second abortion occurs 30 years later. Fifteen-year old Dixie Adams and her mother, Belle Adams, arrive at Dr Sagiura’s house in the middle of the night,¹³¹ demanding to see the doctor. The girl is barely coherent, but both she and her mother, a typical “redneck” female, moan and sob because the girl has allegedly been raped by a black man. The physical examination seems to confirm Dixie’s account of a rape. “Her dress was torn. Her hair was all awry with clods of dirt in it. ... There were bruises on her thighs and [the doctor] ... found traces of semen.”¹³²

A month later Dixie’s pregnancy test is positive. Doctor Sagiura, a deeply compassionate and religious man, agrees to perform an abortion because he “honestly believed that the structure of Belle Adams’ personality ... would disintegrate if she were to be faced with a colored grandchild.”¹³² He also believes that “the life of a fifteen year old child would be ruined“ if the pregnancy were to go ahead and that “the baby ... would ... be doomed ... in our Southern society.”¹³²

Two years later, in court, Dixie states under oath that there had been no rape and no black man. The entire charade had been cunningly put together by “Woody McGee” her boy friend at the time, as the only way to procure an abortion. The conspirators select Dr. Sagiura because they consider him “soft,” but Dixie displays little gratitude. Indeed, she blames Dr Sagiura for Woody’s disappearance.

“If I’d gone on and had the baby, he’d a had to come back.”¹³²

William Faulkner's Henry Wilbourne M.D.⁴⁹ is another reluctant abortionist whose activities are responsible for a catastrophe. Wilbourne, licensed but not practicing, and morbidly afraid of "respectability" has left his residency post in New Orleans to run away with Charlotte Rittenmeyer who wants more out of life than "a successful husband, ... food and a bed".¹³³ The two of them finish up virtually destitute in a mining camp in Utah where apart from a group of non-English speaking Poles, their only human contact consists of the mine manager and his wife.¹³⁴ The manager's wife is

" 'a month gone with a kid and we can't afford a kid. And you claim to be a doctor and I believe you are. How about it?' 'No,' Wilbourne said. 'It's my risk. I'll see you are clear.' 'No,' Wilbourne said. 'You mean you don't know how?' 'I know how. It's simple enough. One of the men in the hospital did it once - emergency patient - maybe to show us what never to do. He didn't need to show me.' ... 'I'll give you a hundred bucks.' 'I've got a hundred bucks,' Wilbourne said. 'A hundred and fifty bucks. That's half (my savings). You see I can't do more.' 'I've got a hundred and fifty bucks too ... And even if I didn't have but ten bucks...' ¹³⁴ He told Charlotte about it ... 'And you said no?' she said. 'Why? Was it the hundred dollars?' 'You know better than that. It was a hundred and fifty incidentally.' 'Low it may be but not that low?' 'No it was because I - ' 'You are afraid?' 'No. It's nothing. Simple enough. A touch with the blade to let the air in. It's because I - ' 'Women do die of it though.' 'Because the operator was no good. Maybe one in ten thousand. Of course there are no records. It's because I - ' 'It's all right. It's not because the price was too low nor because you're afraid. That's all I wanted to know. You don't have to. Nobody can make you. Kiss me.' "¹³⁴

Having resisted the temptation of a large sum of money and an opportunity to demonstrate his skill, Wilbourne finally succumbs to an appeal to his "friendship" and performs a termination free of charge. There are no complications. His second attempt at an abortion (on Charlotte) leads to her death and to his imprisonment.¹³⁵

The coarse George Bull in *The Last Adam*¹³⁶ whose professional ethics are highly questionable has no inhibitions about helping "a girl in trouble" but he does not become an abortionist. Larry Ward, a handsome young man who looks after the "farm animals and gasoline motors" of one of "New Winton's" leading families has come to consult the doctor, feeling awful.¹³⁷ (Larry actually has typhoid fever but at this stage he believes he has gonorrhoea while the doctor diagnoses a guilty conscience).

"Larry clasped both hands together swallowing. He shifted in his chair. Finally he said, hushed: 'I think I got something, Doc.' 'Oh you do, do you? Well what have you got?' Larry gulped again, wordless and George Bull snorted. 'Uh, huh,' he agreed. 'Well don't get in a sweat. This isn't the YMCA Been fooling with Betty Peters?' 'No, I ... guess it must have been Charlotte Slade, Doc. She's the only one.' 'Well, she's certainly starting young.' "¹³⁷

After "a short arm inspection" the doctor concludes there is nothing wrong with Larry. He goes on to give the young man a lecture.

"Once is an accident; might happen to anyone. But if it goes on and by any chance I see her start swelling, this town'll be too hot for you not married to her. That'll be five dollars just to help you remember. And tell her if she isn't regular this month to come up here and I'll see what we can do." ¹³⁷ (There is no abortion – Charlotte, like her lover, dies during the typhoid epidemic.)

Michael Crichton's Dr Peter Randall⁵⁸ "Jolly Old Peter" also does not fit the stereotype of the disgusting abortionist, clean or dirty. Peter, an intelligent, jovial, successful physician with a well developed sense of humor, whose interests include calcium metabolism, good food and good wine,⁵⁸ forms a sharp contrast to his brother Joshua, the rigid, authoritarian surgeon (see also Chapter 5, p. 128). Peter feels sorry for Joshua's daughter Karen, who keeps turning up pregnant, and he aborts her on three occasions between the ages of fifteen and eighteen.¹³⁸ When she presents for the fourth time, he decides that the girl "obviously needed the shame and trouble of an illegitimate child" and refuses to perform yet another termination. Crichton does not explain where and how a laboratory-trained internist would go about terminating his niece's pregnancies and Randall, the occasional, implausible terminator, remains a credible doctor.

Dr Wilbur Larch in Irving's *Cider House Rules*¹³⁹ begins his career as an occasional abortionist but subsequently turns professional. He becomes isolated and addicted to ether but never repulsive. Having decided to help a penniless thirteen year old girl who has been raped by her father,¹⁴⁰ Larch suddenly finds that his fame has spread to the upper echelons of Boston society. He receives an invitation to the summer home of the Channing-Peabody family¹⁴¹ where he discovers, during a very strained meal, that he has not been asked on account of his social graces but because "Missy," one of the daughters, has "this little problem".¹⁴¹ The family, with the help of a medical uncle, have converted the library into an operating room and all the necessary instruments have been obtained for the occasion.

"These people need me but they hate me, Larch was thinking as he scrubbed ... He wondered how many doctors the Channing-Peabodys must know (how many must be in the family!) but they would never have asked one of their kind for help with 'this little problem.' "¹⁴¹ Larch does not express his resentment openly, but he revenges himself on several family members. He humiliates "the particularly hostile young man in tennis whites, whether he was the outraged brother or the guilty lover or both" by forcing him to watch the emergence of "the products of conception." He clamps a pair of a woman's underpants on to the lapel of the medical uncle who is asleep in a chair in another room. He punishes Mrs. Channing-Peabody (and himself) by ostentatiously distributing his fee of several hundred dollars among the servants.¹⁴¹

Dr Larch subsequently leaves Boston for a small town in Maine where he runs an institution comprising an orphanage, a maternity hospital and an illegal abortion facility.¹⁴¹ The nurses refer to him as "Saint Larch,"¹⁴¹ an ex-patient recommends him as "kinda gentle - he makes it okay,"¹⁴³ but Larch leads a totally isolated existence, lacking contact with medical colleagues, female companionship and opportunities for intelligent conversation. As time goes on he becomes increasingly dependent on ether as his only source of comfort.¹³⁹

The principal abortionist in *A Case of Need*⁵⁸ is Dr Arthur Lee⁵⁹ who, like Wilbur Larch,¹³⁹ commences his career as a reluctant operator but then turns professional. Both *Cider House Rules*¹³⁹ and *A Case of Need*⁵⁸ are set in Boston..

"The girl was twenty ... She had been knocked up on a football weekend by a guy she said she loved and was going to marry but she wanted to finish college first and a baby would get in the way. Furthermore she managed to get measles during the first trimester. She wasn't a terribly bright girl but she was bright enough to know what it meant when you got measles ... She ... could see (herself) as a college dropout (and as) an unwed mother of a possibly deformed child. She was a nice enough girl and I felt sorry for her but I said no. I sympathized with her, feeling rotten inside, but I explained that my hands were tied (the year is 1956). So then she asked me if it was a dangerous operation. At first I thought she was planning to try it on herself so I said it was. Then she said she knew of a man who would do it for two hundred dollars. He had been a medical orderly in the marines or something. And she said that if I wouldn't do it for her she'd go to this man. And she walked out of my office."⁵⁹

"I couldn't sleep ... all night. I had a vision of her going to a smelly back room somewhere and meeting a leering little guy

who would lurch her and maybe even manage to kill her. I thought about my own wife and our year old baby and how happy it all could be. I thought about the amateur abortions I'd seen as an intern when the girls came in bleeding and foaming at three in the morning. And ... I thought about the sweats I'd had in college ... By morning I had decided that the law was unfair. I had decided that a doctor could play God in a lot of crappy ways but this was a good way. I had seen a patient in trouble and I had refused to help her when it was within my power ... I had denied her treatment. It was just as bad as denying penicillin to a sick man, just as cruel and just as foolish ... "59

Arthur, a Chinese-American,¹⁴⁴ remains at his Boston Hospital until he is arrested on a charge (subsequently proved false) of having caused the death of a colleague's daughter.⁵⁸ Lee never becomes repulsive, but he works in relative isolation. His colleagues on the staff - young and old, approving and disapproving - think of him as a somewhat embittered Chinese abortionist rather than as an intelligent and skilled doctor.¹⁴⁴

Rights and Wrongs of Terminations

Several authors of novels and short stories use the fictional method to support "pro-life" or "pro-choice" arguments. Frank Slaughter leaves no doubt where he stands.

"When I see a child with Down's Syndrome plus ... spina bifida and hydrocephalus I can't help feeling that both patient and family would have been a lot better off if someone had done [an] amniocentesis ... A syringe full of concentrated saline injected into the uterus can make it empty itself in a harmless abortion with no more danger than having a wisdom tooth pulled."¹⁴⁵

Richard Selzer is less certain.¹⁴⁶ His abortionist, nothing like the disgusting characters described on pp. 225-9, is "a kindly man who teaches as he works, who pauses to reassure the woman." Theoretically he is in favor of pro-choice: "It is a woman's right to refuse the risk, to decline the pain of childbirth." Despite these sentiments, Selzer expresses considerable misgivings about terminations of pregnancy and at one point, identifies with the fetus.

"I close my eyes, I see the inside of the uterus. It is bathed in ruby gloom. I see the creature curved upon itself. Its knees are flexed. Its head is bent upon its chest. It is in fluid and gently rocks to the rhythm of a distant heartbeat. It resembles ... a sleeping infant. Its place is entered by something ... A point coming. A needle! ... A spike of daylight pierces the chamber ... The needle comes closer to the pool. The point grazes the thigh and I stir ... The point probes, touches on my belly. My mouth opens. Could I cry out? All is a commotion and a churning. ... The pool colors, reddens, darkens."¹⁴⁶

Irving's Homer Wells, the abortionist's apprentice¹⁴⁷ inclines towards the pro-life view. He concedes that termination may be indicated at times but he himself refuses to follow in his master's footsteps:

"You can call it a fetus or an embryo or the products of conception ... but whatever you call it, it's alive. And whatever you do to it ... and whatever you call what you do - you're killing it."¹⁴⁷

Fay Weldon⁶⁰ provides a somewhat similar assessment.

"Abortion is sometimes necessary, sometimes not, always sad. ... It is to the woman as war is to the man - a living sacrifice in a cause justified or not justified, as the observer may decide ... There are no stirring songs to make the task of killing easier, no victory marches and medals handed around afterwards, merely a sense of loss."⁶⁰

In a memorable conversation between Dr John Berry and his five year old son who is "good with words"¹⁴⁸ Michael Crichton sums up his own position on abortion.

" 'Daddy, what's an abortionist mean?' 'Why?' 'One of the policemen said Uncle Art was an abortionist. Is that bad?' 'Sometimes,' I said. He leaned against my knee, propping his chin on it ... 'But what's it mean, Daddy?' 'It's complicated', I said, stalling for time. 'Does it mean a kind of doctor? Like neurologist?' 'Yes,' I said, 'but an abortionist does other things ... It has to do with babies.' ... 'Like obstetrician?' 'Obstetrician,' I said. 'Yes.' 'He takes the baby out of the mommy?' 'Yes,' I said, 'but it's different ... Sometimes it is born without arms or legs. Sometimes it is deformed. So a doctor stops the baby and takes it away early.' 'Before it's grown up?' 'Yes, before it's grown up.' 'Was I taken away early?' 'No,' I said and hugged him."¹⁴⁸

In a passage dating from 1791, a Chinese writer suggests that doubts concerning the ethics of abortions cross geographic and cultural boundaries.¹⁴⁹

"There was a doctor who was an honest fellow. One night a ... woman came to him with a pair of gold hairpins to buy some medicine for an abortion. The doctor was horrified and refused abruptly. The next evening, when she brought him two more pearl trinkets, the doctor was even more horrified and drove her away. Six or seven months later he had a dream in which he was hauled before the judge of hell on a charge of manslaughter. When he reached the court he saw a disheveled woman with a red scarf knotted tightly round her neck who wept as she accused him of withholding medicine from her" ...The doctor retorted: 'Medicine is to save life - how could I kill a child for the sake of gain? You destroyed yourself by committing adultery. What has that to do with me?' The woman said 'When I begged you for the medicine the

child in my womb was still unformed. Had you helped to rid me of it I need not have died: you would have destroyed a senseless clot of blood and saved a woman's life. Not having the medicine, I had to give birth; whereupon the infant was cruelly strangled to death and I was forced to hang myself. So instead of saving one life you destroyed two. Whom else should I blame but you?"¹⁴⁹ ... The judge sighed and said: 'You are arguing according to expediency, the doctor according to what is considered right ... Many scholars have insisted on what is supposed to be right without taking the circumstances into account. He is not the only offender. Let the case be dismissed.' As the judge banged on the table the doctor woke, shuddering."¹⁴⁹

Stanley Pottinger's *The Fourth Procedure*¹⁵⁰ has abortion legislation as its central theme. The story begins with a dirty old woman using a coat hanger and killing a "client" in the process. The dead woman's daughter, Rachel Redpath, goes to medical school, trains as a transplant surgeon and turns into a feminist, a Lesbian¹⁵¹ and an advocate of abortion on demand.¹⁵² In order to sharpen the minds of "pro-lifers" she and her female colleagues, transplant pregnant uteri into men, including a judge¹⁵³ and a cardinal¹⁵⁴ (obviously without the patients' consent). Some of the transplant recipients die and Rachel goes to jail but one "raped" pregnant man (an anti-abortion judge) is left with a viable fetus in his abdomen.¹⁵⁵ Pottinger's story is far removed from real medicine, but the plot is highly original and constitutes a strong argument in favor of abortion, at least in particular situations.

Legal Abortions.

During the first three quarters of the twentieth century, when abortions were legal in life-threatening cases, the doctor's advice that a pregnancy be terminated on medical grounds, was occasionally resisted by the patient or her family.

Carossa's *Doctor Gion*¹⁵⁶ mentions the possibility of an abortion to Emerence, a pregnant domestic servant whose parents are dead, whose lover perished during the post World War I influenza epidemic and who herself suffers from acute myeloid leukemia.¹⁵⁷ Emerence, a simple devout creature, knows nothing about blood cells or leukemia. There are no lengthy arguments but she and the doctor approach the problem from different points of view. Doctor Gion is in favor of a termination: "You'll be put in a clinic with pleasant nurses and you'll be very comfortable. You'll sleep for a little and when you wake up it will be all over." Emerence is anxious to continue her pregnancy. "If I were to eat red beetroot or to drink red wine wouldn't that help?"¹⁵⁷ Doctor Gion "felt as if he had made a mistake

somewhere." He has indeed. The girl goes back to her employers and announces the doctor's verdict while the family are having a meal.

"The doctor says ... I can't have my child ... and ... I'll have it taken out before it brings me to my grave.' An extraordinary change took place in the respectable dark kitchen where such words had never been heard before. ... They all laid down their spoons on the cloth and stared up at the handsome tall girl as if she were an evil spirit. The farmer's wife ... went white but ... was the first to find her voice. 'I would bring it up as if it were my own' she stammered out of her profound horror and thus the girl heard what she wanted to hear."¹⁵⁷

Emerence's baby is normal but she dies in childbirth having "wove[n] ... [a] mystical filter round her womb to shield the baby from her own fate."¹⁵⁸ Carossa with his semi-spiritual approach to medical problems leaves the reader in no doubt that Emerence made the "right" decision.

Another scenario with a role reversal between doctor and patient is described in Ring Lardner's strongly anti-Catholic satire *The Ecstasy of Owen Muir*.¹⁵⁹ Owen's wife April, a Catholic, who suffers from acute rheumatic fever is two months pregnant. April and Owen are being interviewed by Dr Goldberg who recommends a therapeutic abortion.¹⁶⁰

" 'I don't want an abortion,' April said. 'I want to have a baby. I want to have several babies.' 'Then you'd better not have this one because it could very easily kill you. The surest way for you to have a family is to wait a year or however long it takes until your heart is strong enough.' ... 'It isn't entirely a medical question,' Owen began ... uncomfortably. 'I mean there's a moral angle to abortion.' The doctor turned to him indignantly. 'Do you think it's necessary to tell me that? Under no circumstances would I ever be a party directly or indirectly to arresting a pregnancy where it wasn't actually a question of life and death.' "¹⁶⁰

After visits to a Catholic doctor who advises Owen not to be "so literal-minded" and to two priests who are very "literal-minded," April has a spontaneous miscarriage and does not need to make a decision one way or the other.¹⁶⁰

When, in the late twentieth century, abortion on demand becomes legal or at least is tolerated in many countries, the status of the abortionist improves somewhat, but the myth that "it's no more serious than having a haircut"¹⁶¹ is generally rejected. In a non-fictional work Lunneborg¹⁶² presents an enthusiastic description of the wonderful things abortions can do for women. She gives an account of

the activities of a "dedicated" female abortionist and she argues that doctors and patients should display a "positive" attitude towards termination.¹⁶³ Fictional authors, on the other hand, remain lukewarm about the procedure, which is regarded, at best, as a necessary evil, while the abortionist, despite the decriminalization of his activities, continues to be portrayed unfavourably.

P.D James' Dr Stephen Lampart, adulterer, entrepreneur, gynecologist and abortionist¹⁶⁴ practices in London during the 1980's rather than in Boston during the 1950's.^{58, 139} He performs amniocenteses on the pregnant wives of British aristocrats who require male heirs, and he aborts the unwanted females, to the great satisfaction of his titled clients who refer to him as "Darling Stephen."¹⁶⁵ Lampart is quite unrepentant:

"If I had aborted those unwanted fetuses it wouldn't give me a single pang of what you would probably call conscience. Two hundred years ago anesthesia in childbirth was considered immoral. Less than a hundred years ago birth control was virtually illegal. A woman has a right to choose whether she bears a child. I happen to think she also has a right to choose which sex ... Either abortion is never justified or it's justified on grounds, which the mother happens to think important. The wrong sex is as good a reason as any. I've more respect for those Christians who oppose abortion on any grounds than for those ingenious compromisers who want life on their own terms and a good conscience at the same time. At least the former are consistent."¹⁶⁵

Lampart's arguments sound logical and his activities are appreciated by some of his patients, but he is obviously an unpleasant character and a highly plausible suspect in the murder of his lady-friend's husband (he is not guilty of that particular crime).¹⁶⁴

Kundera's *The Farewell Party*,¹⁶⁶ is set in the 1970's in Communist Czechoslovakia where abortions are permitted, but strictly regulated. The main plot of the novel involves a nurse named Ruzena who is pregnant as the result of a casual relationship with a married man. Ruzena conducts lengthy debates with her friends concerning the desirability of an abortion.

"The middle-aged nurse gasped. 'What, you want to have it removed?' Ruzena nodded. 'You're crazy,' the thin one exclaimed ... the moment you get it removed he'll send you packing."¹⁶⁷

The argument continues along these lines. Is pregnancy an advantage or a disadvantage when it comes to inducing a reluctant lover (in this case a famous musician) to do "the right thing?" The nurses

evidently take it for granted, that an abortion will be available if requested.¹⁶⁷

When Ruzena appears before the abortion board¹⁶⁸ together with her one time lover*, the chief protagonist of a termination is Dr Skreta who presumably would have carried out the procedure the following week if Ruzena had not died in curious circumstances over the week-end.¹⁶⁶ Skreta, a cheerful rogue, is involved in a number of unethical practices. During artificial insemination procedures, he impregnates unsuspecting women with his own semen.¹⁶⁶ He shamelessly discusses the anatomy of one of his patients with a friend of hers. "Her breasts are tiny and hang from her chest like a pair of prunes." He dispenses cyanide pills.¹⁶⁶ Above all, "the practice of medicine is just a sideline to him, just a necessary nuisance which takes time from his more important projects."¹⁶⁶ Whatever Dr. Skreta's positive attributes, he is far removed from mainstream medicine (*see also* p. 304).

Linda Arking's "Margo"¹⁶⁹ encounters several doctors during her legal abortion. None of them is vicious, but their clinical behavior leaves a great deal to be desired.. The first, who diagnoses her pregnancy "sounded in a hurry". He becomes even less interested in Margo when he finds she does not want to pay for a business class abortion at his own hospital. At the rapid throughput clinic "the doctor, who was giving me the physical said 'Six weeks'. He looked very pleased. A discoverer." (Margo is only five weeks pregnant). In the operating room Margo meets the doctor who will actually perform the termination (he turns out to be a cheerful back-slapper and hand squeezer). " 'Hi', he said, 'everything is going to be great'. ... He squeezed my hand and dropped it."¹⁶⁹ The "clipboard nurse" who asks Margo if she wants to ask any questions, is no better.

" 'Please,' I said, 'I've been wanting to ask all day, before the doctor starts - are you sure, is it sure I can get pregnant again?' 'All you women ask the same question,' she said writing on her chart. 'Didn't you have biology in high school?'"¹⁶⁹

Dr. Phyllis Donnan, the aggressive, foul-mouthed, promiscuous intern in *Woman Doctor*,¹⁶¹ the only non-Catholic on the gynecology team, believes in abortion as part of her feminist creed, and is

* An interesting example of "Communist justice" occurs after the three board members have signed the appropriate form. Ruzena has been allowed to leave but the lover is made to remain behind. One of the lay board members gives him a lecture "You stay here a moment ... An abortion is not such a simple thing as you imagine. It involves a great loss of blood. Through your irresponsibility you will have robbed comrade Ruzena of her blood and it is only fair that you pay it back ... Sign here ... That is an application for a voluntary blood donation. You can go next door and the nurse will take your blood right now."¹⁶⁸

therefore given the responsibility of terminating pregnancies. Dr Donnan is not entirely free of misgivings concerning her role as designated pregnancy terminator. During her nightmares “tiny fetuses open... their marble eyes to stare at ...[her]” but these dreams do not deter her from providing abortions whenever they are requested. Dr Donnan’s main problem consists of the “woman who can’t make up her mind ... before three months [and] causes herself and her doctor emotional suffering.”¹⁶¹

Alice Walker's "Imani"¹⁷⁰ has two abortions seven years apart, one before and one after the procedure is legalized. The first abortionist, a delightful Italian doctor who charges a thousand dollars, belongs in the clean but incompetent category. He tells Imani about his own daughter

“who was just her age and a junior at Vassar. He was ... kind and he was smiling benignly, almost fatherly at her. 'It's nothing, nothing,' he said. 'A nice pretty girl like you; in school like my own daughter, you didn't need this trouble.' “

The charming Italian doctor who presumably uses Imani's money to pay his daughter's college fees, has a great bedside manner but his technical ability is more dubious. After the procedure Imani "hemorrhaged steadily for six weeks and was not well again for a year."¹⁷⁰

Imani's second termination is performed at a clinic and cost seventy five dollars. Unfortunately, the legitimization of the procedure has done nothing to improve the compassion of the doctor, who behaves like the traditional abortionist. When Imani complains that her anesthetic is insufficient, "her doctor whistled and assured her she was all right, and carried the procedure through to the horrific end."¹⁷⁰

Fay Weldon’s thirty-nine year old “Alison” with her multiple partners and her strong family history of Down’s Syndrome is expecting twins.¹⁷¹ Bobby, the current lover, wants “us” to have a baby, but Alison cannot envisage herself coping with two infants, one or both of them possibly abnormal.¹⁷¹ Alison’s helpful and friendly gynecologist offers a way out of her dilemma. He will perform a “selective termination,” aborting one of the twins at ten weeks and testing the second for Down’s Syndrome some weeks later. The notion that this gynecologist will “dispose of” what may be a normal fetus, leaving an abnormal fetus behind (to be aborted later) is so abhorrent to Alison, that she

declines further counseling and further tests, declaring: "I'll have them both and trust to luck" (She miscarries spontaneously.)¹⁷¹

Dr Mara Fox, Goldsworthy's "Spinster Professor" of Reproductive Medicine,¹⁷² who works in an Australian hospital in the 1990's performs abortions as part of her gynecological activities. Mara is not marginalized from the medical profession but she complains bitterly about the routine and the boredom of one "D and C" after another.

"I believed in every woman's right [to have an] abortion on demand ... although I have yet to see one of those scared teenagers ... demand anything ... Abortion on humble petition, on supplication, on terrified entreaty ... describes it better. [But] why was I aborting them ... Why not some sort of anti-midwife? It would cost infinitely less and allow me to get back to more exciting things."¹⁷³

Even Dr Eric Linden of the "Memorial Hospital," Charlotte, North Carolina¹⁷⁴ whose bedside manner seems very appropriate to the occasion, is portrayed as an unattractive, pipe-smoking bore. Jennifer Parker, a prominent but brittle and vulnerable defense lawyer has been impregnated by a married politician and has made up her mind that the pregnancy has to be terminated.¹⁷⁵ Dr. Linden's name is mentioned and she flies down to Charlotte to consult him..

"Jennifer looked up to see a burly bald headed man wearing horn-rimmed glasses that gave him an owlish appearance. 'I'm Dr Linden ... You're Mrs. Parker.' Jennifer nodded. The doctor touched her arm and said soothingly, 'sit down.' He went to the sink and filled a paper cup with water. 'Drink this.' Jennifer obeyed. Dr Linden sat in a chair watching her until the trembling had subsided. 'So you want to have an abortion.' 'Yes.' 'Have you discussed this with your husband, Mrs. Parker?' 'Yes. We - we both want it.' (There is no husband.) He studied her. 'You appear to be in good health.' 'I feel fine.' 'Is it an economic problem?' 'No,' Jennifer said sharply. Why was he bothering her with questions? 'We - we just can't have the baby.' Dr Linden took out a pipe. 'This bother you?' 'No.' Dr Linden lit the pipe and said 'nasty habit.' He leaned back and blew out a puff of smoke. 'Can we get this over with?' Jennifer asked ... She felt that at any moment she was going to scream. Linden took another long slow puff from his pipe. 'I think we should talk for a few minutes.' ... Jennifer controlled her agitation. 'All right.' 'The thing about abortions,' Dr Linden said, 'is that it is so final. You can change your mind now, but you can't change it after the baby's gone.' 'I'm not going to change my mind.' "¹⁷⁵ [A few hours later, Jennifer does change her mind and there is no abortion.¹⁷⁴]

Why do they do it?

What makes respectable medical practitioners enter a career that guarantees that most if not all their work consists of undignified abortions? Authors of fiction provide a number of explanations, none of them entirely satisfactory. Dr. Arthur Lee, the angry, rebellious Chinese-American, is suspected of performing abortions “to jar and irritate his colleagues.”¹⁴⁴ Elya Gruner, the Jewish doctor, who spends a lifetime trying to make himself agreeable,⁹⁶ particularly to the rich and powerful,⁹⁷ (see p. 231) lacks the strength to say “no” at the crucial moment. Wilbur Larch, the idealist,¹³⁹ is prepared to defy the law in order to help his patients, rich or poor, even if it means geographic and professional isolation.

One of the most detailed accounts of an abortionist’s motivation is to be found in Stefan Zweig’s *Amok*.¹⁷⁶ The doctor, a gifted but deeply flawed character, readily submits to the orders of “proud and cold” women. One such person encourages him to steal money from his hospital with the inevitable outcome: discovery, dismissal and exile. Another strong-willed woman relieves him of his remaining assets just before his departure from Europe. After eight years of exile in an isolated outpost of the Dutch East Indies, punctuated by bouts of heavy drinking and transient affairs with timorous Javanese servants, the doctor receives a visit from yet another Lady Macbeth. The wife of one of the richest and most prominent merchants in the colony has become pregnant during her husband’s absence, and demands an abortion. She will pay a princely sum for the service and she even provides a history of “heart trouble” to alleviate the doctor’s moral and legal scruples.

She is not the first patient to see this man with a request for termination of an unwanted pregnancy. “But [the others] came, ashamed of themselves or entreating me, fearful and supplicant.”¹⁷⁷ Perversely, the doctor, who lusts after this imperious woman “bearing the fruit of an earlier passion” wants her to plead for help rather than offer him a commercial proposition. The pregnant woman refuses to submit and laughs scornfully at the doctor who longs to be a “dominant male” and to possess her. She walks out on him and, despite her background, obtains the services of a more tractable but less competent Chinese woman who perforates the uterus and kills her. The doctor, half-mad with shame and remorse, blames himself for the death of this beautiful and proud creature; he accompanies the lead-lined coffin back to Naples where, upon arrival, he shoots himself.

There are ongoing debates concerning the novel as a legitimate historical source. The views expressed by authors of fiction may or may not reflect those of their readers. However, there can be no doubt that fictional physicians performing abortions are, in the large majority, unsympathetic characters, regardless of their countries of origin and regardless of whether pregnancy terminations are legal or illegal at the time of writing. The evil-looking, evil-smelling lecherous extortionists of the bad old days^{60, 61, 65, 67, 77, 115} have been replaced by white-coated individuals working in aseptic environments^{162, 165, 169, 170} who continue to be described in a derogatory fashion. Physicians are priestly figures.^{1, 178} A refusal to carry out an abortion may be pharisaical but the act itself is seen as a betrayal. The abortion may be as “simple as a haircut” but the doctors who adopt this attitude and carry out the procedure give up some of their professionalism and revert to the role of barbers.

Summary- Chapter 7

The attitudes of writers of fiction towards physicians performing or being asked to perform terminations of pregnancy, is generally unfavorable. Doctors (mostly male) who perform abortions are portrayed as cynical, lecherous, alcoholic and marginalized from mainstream medicine. Those who refuse to help are hypocritical or lacking in compassion or both. A few medical characters "tidy up" after bungled procedures performed by others but even these are liable to become "contaminated". Rare reluctant, occasional abortionists remain credible medical practitioners. .

Even in the post "Roe v Wade" era, abortions are perceived to be incompatible with the "purity and holiness" of the doctors "life and art".¹ Practitioners who habitually carry out abortions display unpleasant traits and/or develop job dissatisfaction.

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Chapter 8. Euthanasia and Physician-Assisted Suicide.

"Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course."¹

"Hard the breathing rattles, quite
glazed already the eye, yet life
struggles hard
Come sweet death! be persuaded"²

Medical measures designed to shorten a patient's life, which are widely discussed in contemporary medical journals,³⁻⁷ involve a variety of actions and inactions: Life saving therapeutic measures, such as antibiotics or assisted respiration may be withheld or withdrawn (= pulling the plug). The patients may be provided with drugs or apparatus which they use to kill themselves (= physician-assisted suicide). The doctor may, with the patients' consent, administer a lethal drug (= euthanasia). The patients may be too ill, too young or too demented to agree to anything and are simply put out of what is considered their misery (= mercy killing). Further distinctions are made, especially by non-medical ethicists, based on such considerations as the doctors' intentions. A particular intervention may be intended to relieve suffering with early death as a possible complication, or it may be specifically designed to hasten death.⁶

Fictional literature tends not to concern itself with such subtleties. The setting generally consists of patients who want to die, or say they want to die, and a doctor who is disinclined to help. Unlike the unpleasant, venal persons who agree to perform abortions, or the pharisaical hypocrites who refuse with virtuous indignation (see Chapter 7), doctors who are implored to speed up, or at least not to delay, the process of dying, are generally portrayed favorably. These men and women, who have to decide whether or not to shorten the lives of dying patients, are seen as idealistic, if misguided, individuals, motivated almost entirely by their professionalism or by their desire to relieve pain and suffering. Financial and other sordid motives rarely come to the surface. This chapter seeks to explore the characteristics of fictional medical doctors who agree to hasten death, and the circumstances that determine whether or not particular patients will have their life span shortened.

A Conspiracy of Silence

Under the Hippocratic scheme,¹ doctors do not even discuss the subject with their patients. Moreover, it is tacitly and widely assumed that practicing doctors who deny ever having deliberately shortened a patient's life are liars, whereas those who admit such acts, are fools.

Isolated fictional doctors confess, laconically, that they have helped patients to die, without discussing the subject any further. During his cross-examination by Ben Gant about the meaning and the purpose of life,⁹ Wolfe's Dr Coker⁸ refuses to provide any significant answers (see Book 2, pp.108-9) but Ben persists:

'They come to you when they are sick, don't they?' said Ben. 'They all want to get well, don't they? You do your best to cure them, don't you?' 'No,' said Coker, 'not always.'⁹

Vernon Rowe, a poet, with a medical degree, describes his experiences with "Leroy," a huge man with an infected abdominal wound who wastes away "to skin and skeleton./ One day barely/conscious he whispered:/ Let me go Doc/ and I did."¹⁰

The Givens family¹¹ experiences the silence and circumlocution surrounding the topic of euthanasia both early and late in the twentieth century. At the age of thirty-seven, Lenora Givens is dying slowly and painfully of carcinoma of the pancreas.¹² Only one treatment is available for her – morphine. Her husband and the family physician are discussing doses and overdoses.

'The opium' ... [Wright Givens] said. 'There must be some amount that's too much.' 'That's for you to decide,' said the doctor. 'A question of how much pain she can bear, and when enough is enough.' 'I don't know how far that goes. I don't know what that means.' 'I know what you're saying,' Dr. Williams said. 'That's the hell of it.'¹²

There is no dramatic exit. Mrs. Givens lives a little longer, she expresses fear of pain and disappointment at her inability to see her sons grow up, but her demise is not expedited by excessive doses of morphine.

Some sixty years later¹³ when Lenora's son is dying from metastatic colonic carcinoma at the age of seventy-three, the situation is much the same, except that Ben Givens is a doctor and knows exactly

what to expect:

“After the bed sores and bone fractures, the bacterial infection from the catheter ... after the copious vomiting, the dehydration and lassitude, the cracked lips, dry mouth, tube feeding and short breath, the dysphagia, pneumonia and feverishness, the baldness and endgame sensation of strangling, after he had shrunk to eighty-five pounds and was gasping his last in a nursing home bed – only at that point would [Dr.] Bill Ward put him down under a drip of death-inducing morphine.”¹³

Doctors or Nurses?

In general, the euthanasia scenario involves the interaction between terminal patients and/or their relatives on one hand and physicians on the other, though, occasionally, the request for help is addressed to nurses or lay individuals.^{14, 15} Nurses who are motivated by compassion rather than curiosity (see Book 4) and who suspect doctors of prolonging life unnecessarily, tend not to act on the basis of their suspicions, though there are a few exceptions.

In Wharton’s *The Fruit of the Tree*,¹⁶ it is Nurse Justine Brent who is asked: “In your work, don’t you ever feel tempted to set a poor devil free?”¹⁷ Her attitude is summed up very briefly: “We’re not allowed to dispatch hopeless cases – more’s the pity.”¹⁸ When Justine’s friend, Bessy Amherst becomes paraplegic as the result of a riding accident, Justine has to assume full responsibility. Bessy’s husband is in Argentina,¹⁹ her father in the Middle East,²⁰ and it will be at least a month before either of them can be back in “Hanaford,” an upstate New York mill town. Her physician, Dr. Stephen Wyant, is interested only in the purely technical aspects involving the management of paraplegia. To him “Bessy was no longer a suffering, agonizing creature: she was a case – a beautiful case.”²¹ He is determined to deal with all the complications of the spinal injury, and to ignore the mental anguish that must overwhelm a previously healthy young woman who will never be able to walk independently,²² and whose excretory and sexual functions (not mentioned by Wharton) will remain abnormal for the remainder of her life. Justine can think of only one solution to this terrible problem: She kills her friend with an overdose of morphine.²³

Wyant is punished for his medically correct but heartless behavior: He turns into a drug addict and a blackmailer.²⁴ Justine, on the other hand, instead of having to endure a shameful exposure and

criminal charges, marries Bessy's immensely rich widower, and ultimately becomes a true partner in his charitable work of improving the living conditions of his factory workers.²⁵ However, she is left permanently traumatized by the memory of her role as a killer. She is the mortal who laid a hand on the "bolts of the gods"²⁶ and tasted *The Fruit of the Tree*.²⁷

Another nurse who helps a patient to die is Gloria Mead in *The Interns*.²⁸ John Kronkauer, a patient who has been pleading with the physicians to kill him (see also p. 284) dies from an overdose of barbiturates provided by Gloria, who believes that the doctors are being callous about this poor old man. She leaves a bottle of phenobarbital capsules on his bed table, possibly by accident, possibly on purpose. There is no proof either way, and the District Attorney decides not to prosecute, though the nurse is made to resign from the hospital. She accepts her dismissal philosophically, declaring "I don't think I'm properly adjusted to be a nurse."²⁹

The main plot of *The Sisterhood*³⁰ is based on a secret organization of nurses who have bonded together for the express purpose of helping patients escape from their cruel physicians who are unable to treat them but will not let them die. In Margaret Edson's *Wit*³¹ it is Nurse Susie Monahan who arranges the "Do Not Resuscitate" order for a Professor of English with advanced metastatic ovarian carcinoma.³² When the inevitable occurs, and the resuscitation people are summoned by the resident, Susie draws their attention to the "DNR" order and makes them withdraw.³³ Despite these instances, the "typical" euthanasia setting does not involve the nursing staff. On the contrary, the nurses are sent out of the room, and the doctors perform the "forbidden" procedure on their own.

Historical Considerations

The Hippocratic oath¹ notwithstanding, the practice of putting dying individuals out of their misery was obviously condoned and even encouraged in classical times.³⁴ Crucified criminals had their legs broken in order to hasten death.^{35, 36} Mortally wounded gladiators were mercifully dispatched, possibly by a hammer blow to the head.³⁷ While such acts of compassion required no sophisticated medical expertise or equipment, people suffering from non-traumatic ailments constituted a more difficult problem. The decisions to administer or withhold medical treatment, to accede to or refuse requests for poisonous substances, depended on the patients' prognosis, and this could only be ascertained by individuals with some medical experience. Only doctors and apothecaries were able to

provide lethal drugs for dying patients, and did so in response to requests by friends and relatives. In Apuleius' *Golden Ass*³⁸ a "widely respected" physician is asked for a rapidly acting poison, to be used by a patient, a friend of the purchaser, who is "suffering from an incurable disease ... [and wants] to free himself by suicide from the misery of life."³⁸ The doctor, who suspects that a crime is about to be committed, and that the poison will be used to murder a healthy person, reminds himself "that the art of medicine was invented for the saving, not the taking of human life,"³⁸ whereas such scruples evidently would not have troubled him in the case of a bona fide terminal patient. (In Apuleius' story the doctor does not refuse outright, for fear that the shady purchaser might go elsewhere. He substitutes a supply of mandragora and the story ends happily.³⁸)

Several classical passages condemn doctors who prolong the lives of incurable patients. Pausanias, the Spartan king "used to say that the best doctor is the one who does not let the sick rot but buries them very quickly."³⁹ Plato⁴⁰ the Athenian philosopher, expresses himself more elegantly, but he evidently shares the view that the chronically ill should be left to die, and the sooner the better. "Asclepius" writes Plato in *The Republic*⁴⁰ with obvious approval,

"exhibited the power of his art only to persons who being generally of healthy constitution and habits of life had a definite ailment. Such as these ... he cured ... and bade them live as usual ... But bodies which diseases had penetrated through and through, he would not have attempted to cure. He did not want to lengthen out good for nothing lives, or to have weak fathers begetting weak sons. If a man was not able to live in the ordinary way, he had no business to cure him."⁴⁰

In his famous euthanasia passage,⁴¹ Sir Thomas More (before he becomes Saint Thomas More) does not specifically mention physicians, though medical input is obviously required in the decision-making process. More stresses the voluntary nature of euthanasia but does not distinguish between the ethical problems involving the discontinuation of medical treatment, the withholding of nourishment and the administration of lethal drugs. The principal consideration in the country of *Utopia* is that patients should not have to suffer prolonged agonies on their deathbeds and should be given the opportunity to end their lives quickly:

"If, besides being incurable, the disease also causes constant excruciating pain, some priests and government officials visit the person concerned and say something like this: 'Let's face it. You'll never be able to live a normal life. You are just a nuisance to other people and a burden to yourself. ... You are imprisoned in a torture chamber. Why don't you break out and escape to a better world? Or say the word and we'll arrange for your release.' ... If the patient finds these arguments

convincing he either starves himself to death or is given a soporific and put painlessly out of his misery. But this is strictly voluntary and if he prefers to stay alive everyone will go on treating him as kindly as ever."⁴¹

Officiously keeping alive. Doing something.

"Thou shalt not kill; but needst not strive/ officiously to keep alive"⁴²

In a passage ante-dating Clough's "commandment"⁴² by a hundred years, Samuel Richardson⁴³ expresses strong disapproval of doctors carrying out heroic death-bed procedures with the sole purpose of "doing something." Mrs. Sinclair, the proprietress of a London whorehouse, has sustained what sounds like a compound fracture of the femoral shaft. The doctors agree that the illness is fatal, and that amputation will not prolong the patient's life significantly. However,

"both the gentlemen declared, that if she and her friends would consent to amputation they would whip off her leg in a moment. Mrs. Carter asked, to what purpose, if the operation would not save her? Very true, they said; but it might be a satisfaction to the patient's friends that all was done that could be done."⁴³

Richardson is not impressed with these doctors who propose to operate on a terminally ill patient "for an experiment."

Several twentieth century works echo the sentiments of Richardson⁴³ and Clough.⁴² Doctors who use heroic measures to prolong life are censured, especially in circumstances where everyone is aware that treatment will make only minor differences to the final outcome. In one of his fables Ambrose Bierce⁴⁴ argues strongly against the "fight to the finish" attitude, though it is not clear whether he is merely recommending the withdrawal of treatment or some more active measures.⁴⁴

"A kind-hearted physician, sitting at the bedside of a patient afflicted with an incurable and painful disease heard a noise behind him and turning saw a cat laughing at the feeble efforts of a wounded mouse to drag itself out of the room. 'You cruel beast!' he cried. 'Why don't you kill it at once? ... Rising, he kicked the cat out of the door and picking up the mouse compassionately put it out of its misery by pulling off its head. Recalled to the bedside by the moans of his patient, the kind-hearted physician administered a stimulant, a tonic and a nutrient and went away."⁴⁴

Thomas Mann⁴⁵ describes the death agonies of old Mrs Buddenbrook in considerable detail (see also Book 1, pp. 89-90). While not actually advocating physician-assisted suicide, he clearly disapproves

of the prolongation of life for a short period, particularly when the patient wants to die.

"About four [o'clock, things became] much worse. They lifted the patient and wiped the perspiration from her brow. Her breathing threatened to stop altogether. 'Let me sleep', she managed to say. 'Give me a sleeping draught ... Have mercy, gentlemen - let me sleep.' ... But the physicians knew their duty. They were obliged, under all circumstances, to preserve life just as long as possible; and a narcotic would have effected an unresisting and immediate giving up of the ghost. Doctors were not made to bring death into the world but to preserve life at any cost. There was a religious and moral basis for this law ... So they strengthened the heart action by various devices and even improved the breathing by causing the patient to retch."⁴⁶ (Mann estimates that the "life saving" measures prolonged Mrs. Buddenbrooks "raucous breathing" by ninety minutes.)

Similar sentiments are expressed by HG Wells in *Tono Bungay*.⁴⁷ "Uncle Ponderevo" is obviously dying.

"Close at hand was the doctor with one of those cruel and idiotic injection needles modern science puts in the hands of these half-educated young men, keeping my uncle flickering alive for no reason whatsoever."⁴⁸

The young physician evidently has sufficient skill to extend (or seem to extend) Ponderevo's life by a few hours, but not enough common sense to realize he is only prolonging his patient's agony.⁴⁸

The boundary between "keeping alive" and "officially keeping alive"⁴² is hard to define and "boundary disputes" over what constitutes "futility" may give rise to heated discussions. One such dispute occurs at the "Whipple Cancer Institute"⁴⁹ (see p. 112) where a patient with acute myeloid leukemia and a white count of "less than a hundred" is discovered, during rounds, to have a very stiff neck.⁵⁰ Dr Fick (the resident) and Dr William Ryan (the intern) discuss what ought to be done. Fick wants the spinal fluid examined for cryptococcus. " 'Come on,' said Ryan angrily, 'suppose I find [cryptococcus] in his spinal fluid? Then what? Amphotericin for this guy?' "⁵⁰ Dr Fick goes on to expound the philosophy of the doctor who fights to the bitter end:

'These [leukemics] didn't come here for us to give up on them. They came here because we offer something even if it's pretty awful. It's better than the big zero they're facing. You know how they died before chemotherapy?' ... 'Same way they die now.' 'I beg to differ,' said Fick. 'They died with everyone standing around their bedside, wringing their hands saying nothing could be done. Neither way is too pleasant but I'll take the aggressive way out any day. Doing something is better than doing nothing.'⁵⁰

The Personality of the Physician

While unpleasant treatments that postpone death for relatively short periods are generally condemned, active measures to shorten life are treated with considerable degrees of ambivalence. Indeed, some authors hint that only flawed doctors help patients into the next world. Vicki Baum⁵¹ seems the first to articulate the concept that physician-assisted suicide and euthanasia appeal to doctors with unsound personalities rather than to “proper” members of the medical profession. The depressive Fritz Rainer (“Firilei”) who, for a variety of reasons, is quite unsuitable for the study or the practice of medicine, but attends medical school at the behest of his father (see Chapter 1, p. 11, and Book 2, pp. 184-5), is all in favor of helping patients to die. Fritz is asked what he would do for a patient with cancer of the stomach:

“I would prescribe a great deal of [morphine] and ... I would let him die in peace. I would even, perhaps, in the course of conversation let him know what dose one should take in order simply to go to sleep and be rid of the whole wretched business once and for all.”⁵²

Rainer is aware that regular physicians would recommend a surgical operation in such a case but his own suicidal temperament leads him to believe that most if not all patients would prefer to die sooner rather than later. Rainer who never develops “appropriate” medical attitudes is unable to cope with his personal problems and kills himself.⁵¹

Morton Thompson expresses similar notions and suggests that only ignorant, slovenly and impaired doctors hasten death or fail to prolong life. *Not as a Stranger*⁵³ is set in a small Mid-Western town, the year is 1930,⁵⁴ and the hero of the story, Dr Lucas Marsh, performs a laparotomy on a man with disseminated malignancy. The lesions are obviously not amenable to any form of surgery, and the operation turns into an “open and shut” procedure. Dr Alpheus Snider, Thompson's version of a “bad” doctor, gets to hear about the operation. Snider, lazy, dirty in his personal habits, and massively ignorant, enjoys helping old and incurable patients to die, and declares that Lucas’ treatment should have been a little less vigorous.

“Opened and closed him, hey? Now a lot of fellows, they find a set-up like that, they'll just leave a few bleeders, get what I mean? Just forget ... to tie off three or four ... That's what they do. Saves 'em suffering ... Might as well save 'em torture, let 'em linger a few days, say their goodbyes ... ”⁵⁴ [Marsh, who considers all forms of euthanasia reprehensible,

tries to have Snider deregistered, but fails.^{55]}

Dr Nacier,⁵⁶ another caricature of a “bad” doctor, plans to go into the euthanasia business on an entrepreneurial scale (see also p. 14) Nacier, an ambitious homosexual, who studies medicine because he has failed as an actor, despises his career as a mere internist.⁵⁶ Instead he

“tried to make his name through the creation of a designer death resort complete with a registered trade-mark which in the form of a high-tech clinic or do-it-yourself kit would replace those long, revolting death agonies with the speed and fairy-tale atmosphere of a first-class trip to the moon (not reimbursed by Medicare).”⁵⁷

Several of the doctors working at the euthanasia facility of the “Northwest Regional Medical Center”⁵⁸ are handicapped in one way or another. Sheldon York the dwarf,⁵⁹ Hyman Rickoff the Jew and Jeffrey Taylor the cripple⁶⁰ “protect patients’ dignity, prevent needless suffering, and help dying human beings to control their own lives.”⁶¹ But they are not real doctors. (See also Chapter 5, p. 159). Indeed, Taylor, the hero of the story, whose wife almost becomes a candidate for euthanasia, decides to go back to a surgical residency despite his deformed left hand. He agrees with the principles of euthanasia but he does not want to be involved.

Frederick Busch's pediatrician, Dr Eli Silver,⁶² (see also p. 146-7) a competent and compassionate doctor, is not a happy man. His only child dies in a car smash, his wife leaves him, and, at the age of 43, he is beginning to show signs of the "burnout" syndrome,⁶³ believing that he is "too close to the end of what he can offer" his patients.⁶⁴ He drinks too much alcohol,⁶⁵ his arthritic knee makes him walk with a limp⁶³ and he has no real friends in the small college town where he practices.

Silver has under his care fourteen-year old Dolores Mitrano, whose face is being destroyed by a malignant tumor.⁶⁶ The child's evil-smelling cancer has failed to respond to radiotherapy and chemotherapy, she has pain when she tries to eat, and she is being cared for by her father Walt, "a little man whose wife has run away in order not to watch their child die." Silver admits the child to hospital where he keeps her in a state of "drugged starvation" with massive doses of intravenous methadone.⁶⁷ He orders parenteral nutrition but surreptitiously empties the containers down the wash basin and replaces them with saline "doping her and robbing her, helping her to die. ... This is his prescription, his therapy, what he leaves off the charts but what he knows to do: kill her." ⁶⁸ When

Dolores dies after a few days of this "treatment," Eli calls Ada, the head nurse, "and told her to send for the father ... 'And a priest,' he called after her. 'He'll want a priest.' 'Priests we got' Ada called back," implying there is no shortage of clerical advisors but a great dearth of guidance as to how doctors should behave in these circumstances.⁶⁹ Towards the end of *Rounds*⁶² Dr Silver's life comes together to some extent. His wife returns, and he is less disgruntled with his professional activities. He no longer has to "treat" a 14 year old girl whose face is being eaten away by an incurable cancer, and the reader is left to speculate how the healed and restored Eli would have dealt with such a patient.

Segal⁷⁰ provides the background of a Kevorkian-like figure in great detail. The professional euthanasiast, paradoxically named Seth Lazarus, first comes to the reader's attention during his early years in medical school where his classmates regard him as a weird character. Seth, "skinny, stoop-shouldered, bespectacled ... unkempt ... and speaking in a high pitched whisper,"⁷¹ academically brilliant but seriously deficient in social skills,⁷¹ "sat in the front row at every lecture and filled page after page with frantic scribbling."⁷² He is the stereotype of the frail boy whose scholastic achievements save him from merciless bullying.

Seth has no friends of either sex. "The only time when his fellow students sought him out was during exams when they would crowd into his dorm room and plead for his assistance." He expresses his intention to specialize in pathology "as a sure way of not having to tell the next of kin that their loved one was in pain that could not be relieved," and declares " 'I ... don't think I could watch a patient in excruciating pain. I guess I don't have the guts to be a real doctor.' "⁷³ However, after graduation (at the top of his class⁷⁴) he decides that "pathology was archeology" (see also p. 130) and chooses internal medicine instead.⁷⁵

As Seth matures a little, he is taken in hand by a nurse who selects him as her boyfriend and subsequent husband. The two of them visit an institution for incurables to meet Howard, Seth's twenty-five year old brother, who sustained severe brain damage in a vehicular accident as a small child. Howard is totally unable to communicate, he is incontinent, and he gives no sign of recognition when Seth comes to visit. There are no indications that he is uncomfortable, but Seth decides that "someday he would put an end to Howard's suffering."⁷⁶ In the meantime he sneaks into the university animal house at night and practices mercy killing on dogs that have been subjected to

surgical experiments.⁷⁷ When Howard has a cerebral hemorrhage and, unbelievably, is kept alive by mechanical ventilation, Seth kills him with intravenous potassium chloride.⁷⁸ His feelings of remorse after the funeral (“what have I done”) are very brief.⁷⁸

The next victim is a steel worker with metastatic lung cancer as well as peripheral vascular disease.⁷⁹ Seth, the resident, watches his patient “growing ever more incoherent. The only thing he could convey with any accuracy was the agony that none of the drugs could sufficiently alleviate.” The patient’s wife “corners” Dr. Bart Nelson, the oncologist in charge, in the corridor.

‘I can’t bear to see him like this, Doctor,’ she sobbed. ‘He’s in such pain. Why can’t you do something?’ Her three sons stood behind her, their own wives beside them, as a kind of Greek chorus intoning a litany of sorrow.”[Seth, who is accompanying Dr Nelson, witnesses this entreaty as well as Nelson’s inappropriate response.] “ ‘I’m afraid we’ve done all we can ... we’ll simply have to wait for nature to take its course.’ ”⁷⁹

The woman pleads with the two doctors, using the usual arguments. There is the veterinary appeal: “Not even a dog should suffer the way he’s suffering.” There is the religious line of reasoning with the implication that God would not want one of his children to go through such agonies: “When I leave the hospital every night, I go to church. I get on my knees and pray ‘God take this man. He wants to go to Your arms. He never did no wrong to nobody. Why don’t You kiss him and take away the breath of life?’” Most importantly, there is the personal element: “I can stand it no longer” and “that’s not the man I was married to for thirty-five years.” Nelson who has been through many such scenes “patted the grieving woman on the shoulder, nodded to the sons and set off, his eyes to the ground.”⁷⁹

Seth has not yet developed Dr, Nelson’s “emotional immunity”. He returns to the patient’s room that night and obtains “consent” for euthanasia by hand squeezes (once for “yes” and twice for “no”). The patient squeezes hard (once) in response to “Are you in great pain?” and even harder when Seth asks “Would you like me to put you to sleep forever?” Seth’s wife, a senior nurse on the floor, knows what is being planned and makes sure that Seth is undisturbed when he injects his patient with an overdose of morphine. The death certificate, signed by Seth and one of his colleagues gives the cause of death as advanced malignancy and respiratory failure and naturally makes no mention of morphine.

Seth’s talents extend beyond helping incurables to die. He is able to diagnose and treat cardiac

tamponade.⁸⁰ Out of a sense of loyalty, he suppresses the fact that an old woman's death may have been hastened by an intern, who gives her a massive dose of metaraminol.⁸¹ Unfortunately Seth's reputation as a friend of the dying has spread, so that, like an old-time abortionist, he is now consulted by strangers from out of town. The Carsons from Hammond, Indiana want him to help "Marje" die "while her life still has a shred of dignity."⁸² This time Seth makes a house call to "treat" Mrs. Carson whose last words were "Oh God, thank You for sending Your angel."

Over the years Seth "intervenes" a few more times though Segal does not reveal the actual number of Seth's victims. The book is vague concerning the doctor's activities at times when he is not working at the VA Hospital (one afternoon a week), and when he is not active with his syringe.⁸³ He is finally trapped by the FBI and prosecuted by a state attorney general with federal ambitions. The newspaper headlines refer to him as "Doctor Death."⁸⁴ At the trial the lawyers introduce a great deal of irrelevant material including the Nazi concentration camps, the attitude of the Pope and the meaning of life. Seth is found guilty of murder and given a suspended jail sentence.⁸⁵ Throughout his numerous appearances in *Doctors*,⁷⁰ Seth Lazarus is portrayed as deeply flawed, despite his intelligence, his competence and his compassion. He is a weak character, unable to see that an act of mercy may cause misery and that a doctor, on his own, cannot take away the sins of the world.

Sidney Sheldon's Dr Paige Taylor⁸⁶ is much more "normal" than Dr. Lazarus.⁷⁰ Paige, the most successful of the three women doctors in *Nothing Lasts Forever*, is portrayed as a skilful amateur detective and a talented cardio-thoracic resident (see Book 4). Unfortunately, she succumbs to her feminine yearnings to be kind and gentle, and lands herself in a major scandal.

John Cronin, a patient with metastatic melanoma, who is being kept alive by "tubes" and is "racked by pain," begs to be relieved of his misery.⁸⁷ He knows that things are "pretty bad," and he has been told that radiation and chemotherapy will be ineffectual. Paige, a compassionate listener, becomes (unbeknown to her) a beneficiary under Cronin's will. One morning, she is summoned to his bedside at 3 am.⁸⁷

"He was lying in bed, awake. Tubes were protruding from his nostrils and his arms. 'Thanks for coming.' His voice was weak and hoarse. Paige sat down in a chair next to the bed. ... 'What can I do for you that no one else here at this great big hospital couldn't have done?' 'I want you to talk to me.' Paige groaned. 'At this hour? I thought it was an emergency.' 'It is.

I want to leave.' She shook her head. 'That's impossible. You can't go home now. You couldn't get the kind of treatment -'
 He interrupted her. 'I don't want to go home. I...'
 She looked at him and said slowly. 'What are you saying?' 'You know what I'm saying. The medication isn't working any more. I can't stand this pain. I want out.' ...Paige leaned over and took his hand. 'John, I can't do that. Let me give you some -'
 'No, I'm tired, Paige. I want to go wherever it is I'm going, but I don't want to hang around here like this. ... How much time do I have left? A few more days? ... I'm lying here like a trapped animal filled with all these goddamn tubes. My body is being eaten away inside. This isn't living - it's dying. For God's sake, help me!' He was racked by a spasm of pain. When he spoke again his voice was even weaker. 'Help me please ... It's my life ... I'm begging you.'⁸⁷

Instead of reporting Mr. Cronin's request to the physician in charge, or giving the patient a large dose of morphine, Paige Taylor administers intravenous insulin." 'Sleep well,' Paige whispered. She was unaware that she was sobbing. ⁸⁷ John Cronin dies soon afterwards and Paige has to face a murder charge. She is acquitted on the basis of a senior colleague's false testimony, which saves her from the "gas chamber."⁸⁸ Her protector subsequently sums up the conventional attitude of the medical profession towards helping patients to die: " 'You never should have gotten into this mess in the first place,' he growled. 'Damned fool thing to do.' "⁸⁸ The concepts of "right " and "wrong" are not mentioned (*see also* Volume 2, pp. 122-3)

The professional euthanasia physician (Dr William Berger) in *The Bone Collector*⁸⁹ sets off different vibrations in Lincoln Rhyne, the quadriplegic former detective, and Rhyne's girl friend. She dislikes the doctor's athletic appearance, his "black hair, perfectly combed," his expensive clothes and his obvious self-confidence ("one big fucking ego"). "Why couldn't Rhyne have found someone like Dr Kevorkian? He may have been quirky but at least he seemed like a wise old grandfather."⁹⁰ The patient sees things differently. To him, Berger

"had about the best bedside manner Rhyne had ever encountered. And if anyone had had experience with bedside manners it was Lincoln Rhyne. He'd once calculated he'd seen seventy-eight degreed, card carrying doctors in the past three and a half years."

Berger's behavior is indeed impeccable. He does not comment on the patient's mental anguish and the family situation. He observes a catheterization procedure clinically⁹¹ and ignores the convoluted relationship between Rhyne and his male carer. Instead, he makes the patient talk about his current interests and concludes that Rhyne does not really want to die.

The Double Standard

Several fictional physicians fulminate against the laws that prohibit the shortening of life but, in practice, use a double standard depending on their relationship with a particular patient. Dr Ravic,⁹² who is taking care of an anonymous "man without a stomach" expresses only the usual "there must be a better way" sentiments:

"The man without a stomach was dead. He had moaned for three days and by that time morphine was of little help. [Doctors] Ravic and Veber had known that he would die. They could have spared him these last three days. They had not done it because there was a religion that preached love of one's neighbor and prohibited the shortening of his sufferings. And there was a law to back it up."⁹³

By contrast, when Joan Madou, Ravic's former lover becomes quadriplegic after being shot in the cervical spine,⁹⁴ Ravic behaves differently. There is nothing but "senseless suffering" ahead of her so Joan dies after Ravic gives her an injection, presumably a large dose of morphine. Symbolically Ravic performs a cesarean section later that day. He is then arrested by the police, not on account of Joan's death, but because he lacks legal identification papers.⁹⁴

Martin du Gard's Dr Antoine Thibault⁹⁵ is also involved in two potential euthanasia situations. On one occasion he resists, citing "professional standards." Some weeks later, when his own father is on his deathbed, Antoine deliberately administers an overdose of intravenous morphine. On each occasion he is unsure whether his decision was right.

Thibault's first patient is the two-year old daughter of his surgical colleague, Dr Félix Héquet. The child, who suffers from multiple congenital deformities including a cardiac defect, has developed meningitis after an ear infection.⁹⁶ Her "hoarse incessant wailing"⁹⁷ echoes through the Héquet apartment. Everyone, including the child's father, knows there is no hope for survival, but the little girl is taking her time. A senior pediatric consultant is pessimistic about the duration of the illness. "It may well drag on for another day or two."⁹⁸

The consultant's gloomy prognosis turns out to be correct. For three days and nights the child's agony continues. The father, who has placed the little girl in an old cradle⁹⁷ and spends hour after hour

rocking her to sleep, is physically and emotionally exhausted when Dr Antoine Thibault arrives. "Something must be done' he murmured. 'She's in great pain, you know that. Why let her go on suffering.' He shambled across the room and left the two men to themselves."⁹⁷

The second man in the little girl's room is Isaac Studler, a medical school dropout, a former classmate and a devoted friend of Dr Héquet's (see Chapter 1, p. 34). Studler who attempts to provide some support for his friend in this terrible crisis, is now giving Dr Thibault "incorrect" advice.

" 'Those injections', he observed. ... 'Supposing the doses were doubled' ... Antoine cut him short. 'Hold your tongue, damn it, ... I know what you feel. We've all felt like that, wanted to cut things short. But that's just a beginner's weakness. ... If you'd gone on with medicine, you'd see things in the same light as every other doctor. ... No doctor worthy of the name would dream of it, do you hear me?' 'In that case,' Studler broke out, 'you doctors may set up to be the high priests of the world, but to me you're just a pack of ... [shirkers*].' "⁹⁹

Thibault suspects that Isaac Studler, the “rogue elephant” who has "a truculent, subversive and fanatical side to his character" ⁹⁹ is planning to give the child an overdose of a sedative during the night. He therefore decides to give the 11 pm injection himself.

"The nurse brought all he needed on a tray. Clipping off the tip of the ampoule, he plunged the needle in, filled the syringe to the prescribed level then tipped out the contents of the ampoule (still three quarters full) into the slop pail. He could feel Studler's gaze intent on him." ¹⁰⁰

On the way home he ruminates over his confrontation with Studler. "He had prated to Studler of the sanctity of life. A ready-made phrase and treacherous like all its kind."¹⁰⁰ The little girl dies at 1 am, and Martin du Gard deliberately leaves his readers in doubt about the cause of death. Did the child succumb to her infection or was death hastened by Dr Thibault's medication? Could Isaac Studler have given her another dose? "He pictured Studler sending the nurse out of the room, taking a syringe from his pocket. Presently the nurse came back and passed her fingers over the little corpse. Then ... ugly rumors; a report to the police; ... an autopsy; the coroner ... 'No' he heard himself affirming ... deliberately. It was a hopeless case ...' Shrugging his shoulders he smiled at the phantom coroner. 'No injections were made by anyone except myself. ... What drivel I'm thinking. ... If I'm so ready to take

* Martin du Gard's original is "embusqués" (soldiers who wriggle out of unpleasant tasks). Gilbert's translation uses "scrimshankers," an obsolete term.

the blame for a fatal dose administered by another man why did I so emphatically refuse to administer it myself?"¹⁰⁰

Some weeks later, Dr Antoine Thibault is again confronted by a "hopeless case". This time it is his own father, a wealthy, rigid industrialist who has been trying for many years to impose his own values on his sons, and, in the process, has driven Antoine's younger brother into exile. Thibault senior has a nephrectomy for cancer of the kidney but the remaining kidney is found to be involved soon after the operation and there are signs of metastatic disease.¹⁰¹ The sick man's groans are "spreading consternation in the building"¹⁰² and his body is twisted into grotesque shapes by repeated uremic convulsions.¹⁰³ After several days of this torture Dr Thibault decides that "something has to be done" and that he is the one to do it.¹⁰⁴

"He took the bottle from his pocket, shook it and fitted the needle into the syringe. ... His eyes were roving round the room. Then he shrugged his shoulders ironically; from force of habit he had been looking for the spirit lamp to sterilize the needle. ... A whimper came from the sleeping man. In the silence, Antoine's voice. 'Don't move, father. It's to ease your pain.' The process of expelling the contents of the glass syringe seemed interminably slow. Supposing somebody came in? ... Finished now? No. Leaving the needle ... Antoine detached the container and refilled it. ... The level of the liquid slowly went down more and more slowly. ... Only a few drops more. ... "Quickly Antoine withdrew the needle then wiped clean the tiny scar from which a small pink drop was oozing. ... As the drug gradually took effect the ... dying man's ... features were relaxing, the marks of many days of agony being smoothed away. ... The mortal lethargy now settling on the tranquil face might have been the calm of a refreshing sleep." [The old man dies some minutes later.]¹⁰⁴

The next morning, Antoine debates with himself whether he did the right thing.

' Yes, it was I who killed him ... and I did right ... There was an element of cowardice ... I couldn't face that nightmare any ... longer. ... Obviously it would be dangerous to authorize doctors to However absurd and inhuman a rule like that may be, theoretically, it's got to be obeyed to the letter.' And the more he recognized the cogency and soundness of the principle as such, the more he approved ... having knowingly infringed it. "I don't want to generalize. In this particular case I was right."¹⁰⁵ (Five years later, when Dr. Thibault himself is dying of pulmonary fibrosis and sepsis, he kills himself with an overdose of morphine.¹⁰⁶)

The relationship between Dr Christopher Sorrell and his father is much less complicated. Christopher loves and reveres the old man who has brought him up single-handedly and who put him through medical school at a tremendous personal sacrifice.¹⁰⁷ In return, old Stephen Sorrell regards Christopher as his life's work and treats him like a biblical patriarch would have treated his only son.

When Stephen Sorrell is dying of carcinoma of the stomach with hepatic metastases, Christopher, who behaves very “correctly” in his London hospital, decides that unusual measures are required for this special patient. He treats his father like a wounded gladiator “who asked nothing but the last and merciful stab of the sword” and gives the dying man a large dose of morphine, remarking “he mustn’t wake again.” Sorrell Senior dies a few hours later and despite his anguish, Christopher declares himself glad at having been able to perform this “last service”.¹⁰⁸

“I can’t stand it any longer”

Axel Munthe,¹⁰⁹ Henry Bellaman¹¹⁰ and Samuel Shem¹¹¹ each describe acts of "mercy-killing," which provide peace of mind for the physician rather than pain relief for the patient. None of the patients are sufficiently competent to give any sort of informed consent and there no evidence in any of the cases that heavier sedation could not have solved the problem.

Munthe who considers it the doctor’s “mission to help those to die, [whom he] could not help to live,”¹¹² tells the story of six Russian peasants who had been "bitten by a pack of mad wolves and had been sent to the Pasteur Institute in Paris at the expense of the Tsar."¹¹³ All of them develop signs of rabies encephalitis.

"Their screams and howls could be heard all over the Hotel Dieu. ... Tillaux who had been sent for in the midst of an operation, rushed into the ward ... He went up to Pasteur and ... the two men looked at each other ... 'I cannot stand it' ... the great surgeon ... said in a broken voice and sprang out of the room ... The same evening, a consultation took place between these two men. They are few who know the decision they arrived at, but it was the only right one, and an honor to them both. The next morning all was silent in the ward. During the night the doomed men had been helped to a painless death."¹¹³

A similar scenario is described by Bellaman towards the end of *King's Row*.¹¹⁴ Drake McHugh, a bilateral amputee, with an inoperable malignancy is being cared for by the hero of the story, Dr Parris Mitchell. Bellaman uses phrases like "legions of torture," but there is actually some doubt whether Drake is feeling any pain. He is certainly noisy and his wife, Randy, wants "something done."

"Consciousness was not allowed to come to Drake very often. He moaned and called and while it was nerve racking to hear, he actually did not know much that was happening. ... Towards the end of August it seemed that Drake could not possibly last from one day to another. Randy (his wife) came again and again to Parris. 'Please Parris for Gods sake! You

love Drake. You're his friend! How can you let this go on any longer?' Parris quieted her as best he could. He himself was haggard from loss of sleep and the incessant anxiety."¹¹⁴

When "increased doses of morphia at lessening intervals were no longer able to hold back the legions of torture," Parris and a medical colleague decide to act. The two doctors send the nurse out of the room and without mentioning the word euthanasia, they give Drake "a normal injection at shorter intervals." Drake dies that afternoon.¹¹⁴

Shem¹¹¹ also provides an instance of a patient being dispatched into the next world, not so much because of his suffering but because the doctor "could not stand it any longer." Saul, a Jewish tailor,¹¹⁵ has been re-admitted to the *House of God* because of acute myeloid leukemia. A previous course of chemotherapy resulted in a brief remission, but this time he fails to respond and he knows he is dying.

"He shoed away his wife and motioned me to bend down to him and whispered: 'Dis is it, Dr Basch, right? Dis is the end?' 'We can try for another remission,' I said, not believing it. 'Don't talk to me of remission. I want you to finish me off.' ... 'I can't do that Saul. ... I promise you'll have no pain. That's the best I can do?' 'Pain? What about pain inside my heart? What do I have to do Dr Basch?' he said angrily, 'beg? You don't want me to suffer like Sanders.'¹¹⁵ ... [Some days later] everyone including the cheery oncologist who had failed to cure [Saul's] leukemia had given up on him and was waiting for him to die... [Saul was comatose, he was] crying ... continuous(ly), animal moans of pain ... driving everyone mad. I hated it. I hated him ... One night I snuck into the medicine cabinet got the KCl and syringe and made sure that no one saw me enter Saul's room. He lay there in his own feces, a mass of tubing and tape and bruises ... I remembered Saul saying to me 'Finish me off, do I have to beg you?'... Saul screamed. Angrily I uncapped the syringe and pushed in enough KCl to kill him. ... A stillness came over him ... but for his agonal breathing which seemed to last a long time."¹¹⁶

There is a greater degree of justification for the despatch of the terminal patients in the Cracow Ghetto Hospital during World War II.¹¹⁷ The German SS "Sonderkommandos" are rounding up the entire population so as to send them off to extermination camps; those too sick to walk are liable to be shot on sight. The two unnamed doctors who know what is coming, have sent all but four of the patients home. The staff have been discharged and only two doctors and one nurse remain.¹¹⁸

"By the ... morning of March 13 Doctors B and D had reduced (the hospital) population to four. One was a young workman with galloping consumption, the second a talented musician with terminal kidney disease. It seemed important to D that somehow they be spared the final great affright of a mad volley of fire. Even more so the blind man afflicted by a stroke and the old gentleman whose earlier surgery for an intestinal tumor had left him weakened and burdened with a

colostomy With an eye to the option of suicide, D had acquired a supply of cyanic acid solution ... There was suicide, yes. But there was euthanasia as well. The concept terrified D ... He knew that a physician with common sense and a syringe and little else to guide him could add up like a shopping list the values of either course - to inject the cyanide or to abandon the patients to the Sonderkommandos. But D knew these things were never a matter of totting up columns, that ethics was higher and more tortuous than algebra ... Then he heard the first volley, loud enough to wake the patients... (Dr D) looked at Dr B who ... nodded at him, walked to the small locked pharmaceutical chest at the end of the ward and came back with a bottle of hydrocyanic acid. After a pause D moved to his colleague's side. He could have stood and left it to B... It would be shameful, D thought, not to cast his own vote, not to take some of the burden ... B called the nurse. 'Give each patient forty drops in water.' 'Forty drops,' she repeated. She knew what the medication was. 'That's right,' said B. D also looked at her. Yes, he wanted to say ... I could give it myself. But if I did it, it would alarm them. Every patient knows that nurses bring the medicine round ... When the nurse came with the four medicine glasses, none of them even asked her what she was bringing them. He heard the nurse murmuring. 'Here's something for you.' He heard an intake of breath. He didn't know if it was patient or nurse. The woman is the hero of this, he thought."¹¹⁸

The Decision Making Process

Life and death decisions, while never easy, are relatively straightforward when they involve conscious, rational adults. Lisa Belkin¹¹⁹ tells the story of William Hardy, aged 65, and Armando Dimas, aged 22, both of them quadriplegic patients in the Intensive Care Unit at a Houston hospital, both of them connected to mechanical ventilators, and neither of them likely to ever breathe independently, let alone move his limbs. The two men make different choices.

“Communication [with Hardy] was difficult but through eye blinks and repetition the psychiatrists were persuaded that their patient understood what he was told and that he was competent to make a decision ... Then they asked the explosive question: Did he want to live like this? Mr. Hardy said no. The question was asked several more times, in slightly different forms, and the answers remained the same ... The family members said their good-byes ... Mr. Hardy was given more morphine” the respirator was disconnected and Mr. Hardy died a short time later.”¹²⁰

Armando Dimas¹²¹ who has to have his condition explained to him with the help of an interpreter, comes to the opposite conclusion. He is asked a series of questions:

‘Do you understand what we are telling you?’ ‘Yes.’ ‘Do you want to have medicine for infections?’ ‘Yes.’ ‘Do you want to be resuscitated if your heart stops?’ ‘Yes.’ ... ‘You know you could live just like this for many years?’ ‘Yes.’ ... ‘You want to live?’

Armando blinks twice indicating “yes” and is kept alive with the help of a respirator.¹²² Things get more difficult when choices have to be made by the patient’s next of kin, especially when family members disagree or are unable to make up their minds. In such circumstances, the medical staff may feel tempted to push things in one or the other direction. Baby Landon Sparks, in *First Do No Harm*¹¹⁹ is three days old. The little boy has a large leaking myelomeningocele, he is paraplegic and there are other deformities.¹²³ The Ethics Committee, which is debating whether or not nature should be allowed to take its course, is swayed by the opinion of one of the surgeons:

“There are times when we ask the parents to make the decisions. This should not be one of those times. I’ve pretty much made up my mind that I’m going to push them to do surgery. Not because I think it’s the right thing to do but because it’s the easiest solution for these parents.”¹²³

The myelomeningocele is resected and Landon survives, but he remains paraplegic.¹²²

Less spectacular, but much more common, are apparently moribund patients who may develop a cardiac arrest before long. Many of them are unconscious, so that the decision whether or not they should be left to die without attempts at resuscitation, tends to be made by members of the house staff without the benefit of formal ethics committee sessions. In Neil Ravin’s “Manhattan Hospital,”⁴⁹ daily “Chart Rounds” are held at the nurses’ stations and away from the bedside. During these meetings, the interns and residents review lab results and X-ray reports, and determine “who would be resuscitated and who would be allowed to enter the promised land unpummelled.”¹²⁴

The resolution not to resuscitate a particular patient may be difficult to put into practice. Dr. William Ryan, the young hero in *M.D.*, who has not yet acquired “a feel for where the medicine had to end and God took over,”¹²⁵ makes a predictably unsuccessful attempt to resuscitate Mrs. Christensen,¹²⁶ a woman with acute myeloid leukemia and thrombocytopenia, who is bleeding to death.¹²⁶

Even more difficult are the decisions that have to be made on the basis of “autonomy,” when there is a good deal of morbidity, a poorly informed patient and a lack of skill in making major decisions. The problem comes up several times during Françoise de Beauvoir’s last month of life, described comprehensively by her daughter Simone.¹²⁸ Madame de Beauvoir, seventy-seven, has been admitted to hospital because of a fractured femoral neck and for reasons that are not clear, the orthopedic

people decide not to operate.¹²⁹ She had complained of abdominal symptoms before her admission,¹²⁹ but the diagnosis does not become apparent until, while recovering from her fracture in hospital, she develops a bowel obstruction..¹³⁰ The doctors carry out various diagnostic and therapeutic procedures, despite Simone's protestations. Young Dr N. with his "white coat, white cap, ... [and] unresponsive face" inserts a nasogastric tube. "I stopped him ... 'Why this tube? Why torture Maman, since there's no hope?' He gave me a withering look. 'I'm doing what has to be done.'" ¹³⁰

The surgeons who had previously decided not to pin the femur, now go on to perform abdominal surgery, despite Simone's misgivings.¹³⁰ Madame de Beauvoir is found to have a huge tumour of the bowel, "a cancer of the worst kind" with intestinal perforation and peritonitis. She survives the operation, which allegedly prolongs her life by four weeks.¹³¹

During this time, despite her wasted body, her bed sores and her recurrent bouts of distressing pain, Madame de Beauvoir shows no signs of wanting to die. Not once does she ask "What's the use of ... all this activity?" Simone asks this question and ruminates about her mother's wasted body, the lack of dignity and the act of euthanasia, which, she knows, the doctors will not perform. The old lady declares almost at the very end "I don't want to die."¹³² "And is one to be sorry that the doctors brought her back to life and operated ? She who did not want to lose a single day 'won' thirty; they brought her joys; but they also brought her anxiety and suffering."¹³¹ Simone de Beauvoir leaves the reader with the impression that given the choice for herself she might also opt for the extra month of life.

For, Against and In-Between

Multiple works of fiction portray doctors' opinions and prejudices on the subject of euthanasia. The positions range from the view that patients have an absolute right to choose, to total opposition, with acrimonious disputes between the two sides. In between the extreme attitudes lies the mainstream medical view that "autonomy," "dignity," "doing harm" and the other ethical considerations are not measurable scientific quantities and that such issues are best dealt with, by physicians, on a case by case basis.

Hellerstein's doctors¹³³ are obvious supporters of the "pro-choice" position. Chen Cha Nan, a twenty-eight year old Chinese/Vietnamese woman, develops acute myeloid leukemia three years after radiation therapy for Hodgkin's disease, and is now dying of sepsis despite massive doses of antibiotics. Despite her three-year old daughter, Cha Nan does not believe she can continue and she says so to David, the "subintern."

'Go outside,' she told her husband. 'Go, go.' And the same to her father, in Chinese. She watched them leave before speaking again. 'I am tired,' she said. 'I want to go, David. Do you understand, I want to go?' 'To go, Cha Nan?' 'I am so tired. Can you let me go?' ... 'All right Cha Nan.' ... At the nurses' station, I was writing to increase her morphine to fifteen milligrams every two to three hours when Larry (the resident) came by. He read over my shoulder. 'That isn't enough. Give her thirty. I scratched out and rewrote. He nudged me. 'You're writing an order to kill that lady.' 'I know.' 'How's it feel?' I looked at the order in my crabbed handwriting. Larry pushed up against me, his bulk close. 'Lousy,' I said. 'Cosign it.' 'Give me your pen.' [Cha Nan wakes up later that day declaring she feels good and strong and expresses herself happy to be alive. She dies the next morning.]¹³³

Kobo Abe's "Kangaroo Notebook"¹³⁴ is a surrealistic and fanciful work, but there is nothing surrealistic about the doctor's obvious loathing of any acts that hasten a patient's death. The scene is set in a hospital where an old man, obviously in the terminal stages of some cardiac or pulmonary disease moans constantly during the night and keeps the other patients awake.¹³⁵ One of them approaches the doctor and asks: "Is there 'a chance of recovery?'" The doctor responds: "That's no concern [of yours.]" He goes on to explain that while the old man moans a great deal, he is not really in pain. "Actually the old man was already asleep." Then comes the crucial question followed by an even more crucial answer. "Isn't death with dignity appropriate for that sort of patient?" The doctor turns to his questioner and replies sharply: "Can you confidently claim that you have preserved more dignity than he?" He goes on: "Euthanasia is not a medical issue; in my opinion it's a form of murder."¹³⁵

Similarly, Walker Percy's Father Simon Rinaldo Smith and his friend, Dr. Thomas More,¹³⁶ are totally unconvinced by medical arguments that children "who have no chance for a life of any sort of acceptable quality" should be subjected to "pedeuthanasia."¹³⁷ On the contrary, Smith argues, painless killing of children with incurable malformations leads straight to the gas chambers and the Holocaust.¹³⁸ Neither Father Smith nor Dr. More are ornaments to their profession. However, Percy

leaves his readers in no doubt that Smith and More, both of them eccentric, alcoholic non-achievers, are right while politicians and academics, using rational arguments are wrong.

In Brian Clarke's play *Whose Life is it Anyway*,¹³⁹ an anti-euthanasia medical activist threatens a more lenient junior doctor with legal action if she hastens death in any way. The patient (Ken Harrison), a highly intelligent, professional sculptor and art teacher, has become quadriplegic as the result of a vehicular accident some six months earlier. Ken, who is aware of his prognosis, decides that he does not want to continue living as a cripple, and refuses all treatment. Members of the medical staff are divided about what ought to be done about this patient who, untreated, will die within a few days. Dr Michael Emerson, a senior physician, believes Harrison should be given all available treatment, if necessary, by force. Dr Clare Scott, the resident, agrees with the patient who wants the right to choose. When confronted with hypothetical questions by the patient's lawyer she goes further and comes very close to euthanasia.

'What would you feel if there was a miracle and Ken Harrison was granted the use of his arms for just one minute and he used them to grab a bottle of sleeping tablets and swallowed the lot?' 'It's irrational, but ... I'd be ... very relieved.' 'You wouldn't ... fight with stomach pumps?' ... 'No, not if it was my decision.' 'You might even be sure there was a bottle of tablets handy and you not there?' 'You make it harder and harder ... but yes, I might do that.'¹⁴⁰

Dr Emerson suspects that Clare may go one step further and issues a stern warning: "I'm sure it's not necessary for me to say this but ... if ... Mr. Harrison should die suddenly I would ... order a post mortem and ... act on whatever was found."¹⁴⁰

Similarly, Michael Palmer's doctors³⁰ have a heated argument over what constitutes "undue" prolongation of life. Charlotte Thomas, aged sixty, a registered nurse and wife of a Harvard Economics Professor, has multiple post-operative complications after the resection of a rectal cancer. A pelvic abscess has to be drained, a troublesome chest infection has to be dealt with, a further intestinal obstruction is likely to occur, and she has developed a huge bedsore.¹⁴¹ Mrs. Thomas wants to go "to sleep" without having to put up with the discomfort of the various "life-saving" gadgets.¹⁴²

Dr Wallace Huttner, the surgeon who operated on Mrs. Thomas for her rectal cancer has no doubts whatever. "Many times patients with serious illnesses express their wish to die when they're in a stage

of weakness and pain. I've been around for a long time. I've seen many patients ... sicker than Charlotte Thomas recover. This woman is going to make it. She is to get total, aggressive treatment and if necessary a full scale ... resuscitation."¹⁴²

Dr David Shelton, a younger and more compassionate surgeon, has his doubts about Charlotte's prognosis. Like the patient's husband, Shelton suspects that Charlotte is dying and he expresses considerable misgivings about Dr Huttner's treatment strategy. Shelton believes "that a patient who is ... in great pain with little hope of surviving his illness might ... be treated with some temperance,"¹⁴³ especially if the therapy planned is ... particularly painful or ... dehumanizing ... such as being put on a respirator."¹⁴³ Eventually, Charlotte's morphine overdose is administered by a member of the *Sisterhood*,³⁰ (see p. 262) but Shelton's "progressive" views make him a prime suspect and he is arrested for murder.¹⁴⁴

Another ferocious and quite irrational dispute about end-of-life decisions occurs at the death bed of Mary Berquam,¹⁴⁵ an eleven-year old girl with terminal leukemia and a number of complications including disseminated intravascular coagulation, pneumococcal meningitis and an intracerebral bleed.¹⁴⁶ After six days of unconsciousness the child stops breathing and, despite the nurses' misgivings, Dr. McMillan, the resident, decides to connect her to a respirator. The flow rates and pressures have barely been adjusted, when Dr. Prader, the head of the unit, (*see* Chapter 6, pp. 198-9) walks into the room. "Prader looked at the two of us (resident and intern) and then at the respirator. 'Who ordered this?' he asked. 'I did,' McMillan said. 'Why?' 'Because it was called for.'"¹⁴⁶

Paradoxically, on this occasion, Prader the "heartless" scientist is on the side of the nurses while McMillan, the sensible and compassionate resident wants to continue heroic treatment. The arguments between the two men become bitter and personal. Prader points out that ongoing futile measures will destroy the child's family. McMillan counters that family considerations do not seem to bother Prader when he treats other children at his clinic. "They are all dying and you keep giving them all those poisons week after week trying to get another goddamn month out of them. Or is it a week? Or a day?" Prader looked stunned. "You're not treating that child," he said icily, "you're treating yourself." "McMillan reacts angrily. " ' I'm not going to kill her. If you want her dead you can kill her yourself.' Prader stiffened. 'We don't kill patients,' he said. 'No? Then turn off the respirator.' " While the two are arguing, Glasser, the intern, who cannot bear the thought of Mary's "recovery,"

walks over to the wall “and pulled the respirator plug.”¹⁴⁶

The entire plot of Dooling’s *Critical Care*¹⁴⁷ revolves around the tortures and indignities inflicted on dying patients in the Intensive Care Unit of a university hospital and the arguments, sordid and idealistic, for and against euthanasia. Dr. Peter Werner Ernst the “earnest” resident, despite his apparent flippancy, pities the sufferers every time he sets foot in the unit.. He cannot understand why experienced physicians delude themselves into believing these poor people might recover and why they will not allow them to die in peace. The better nurses have no such delusions. Stella Stanley R.N. understands that “dead or alive, what these patients really wanted was sleep, not medical care,”¹⁴⁸ and she makes certain that the “Code” (cardio-pulmonary resuscitation) is not called for a terminal patient until it is too late.¹⁴⁹ One of the patients still capable of expressing an opinion is on the pro-euthanasia side:

‘I don’t want to go back on that fucking ventilator, understand?’ he told Stella. ... ‘Can’t you give me some pills or turn off these goddamn machines? ... What’s the big ... deal? People have been getting sick and dying for five million years. Now my number comes up and you ... [want to] change the rules?’¹⁴⁸

Dr Ernst sympathizes with these sentiments and argues against a feeding gastrostomy for old Joseph Potter, the moribund occupant of Bed Five.¹⁵⁰ Why undertake a procedure which will only marginally delay the patient’s demise? Dr Randolph Hiram Butz, the erstwhile author of a medical textbook but now an established drunkard, tries, during a lucid moment, to provide an argument in favor of the operation: “ ‘I get a cut of the money that comes in for every test and procedure done on the guy ... and you want to yank his tubes? ... As soon as he dies the insurance companies stop paying.’ “ Dr. Richard Hofstader, the brilliant Chief of Medicine, who is also in favor of prolonging Potter’s life¹⁵¹ is not motivated by mercenary considerations but by a desire for power. So long as any therapeutic options remain, he and his staff call the shots, while God, the devil and the Fates have to wait.¹⁵²

Even Dr. Ernst is partially motivated by self-interest. When he finally sabotages Mr Potter’s life support system,¹⁵³ he does so not only in order to relieve suffering, but also to avoid being called as a witness in a court case where he might be questioned about his amorous adventures with the patient’s younger daughter. His doubts and guilt feelings persist to the very end. Might there be even a remote chance of recovery? Could euthanasia be the devils work? (The “real” devil complete with horns,

scales and tail, figures prominently in *Critical Care*^{154, 155} and, remarkably, does not detract from the story.) The reader is even left wondering whether the drunken and rapacious Dr. Butz is right when he accuses Ernst of ambitions beyond the calling of a physician. "Being a doctor isn't good enough for you. Now you want to be God Almighty on the Day of Wrath!"¹⁵¹

The debate is more muted in Mary Rinehart's 1935 novel,¹⁵⁶ but the ethical arguments – the relief of suffering versus the danger of playing God - are essentially the same as those in later works. The hero, Dr. Noel Arden ("Chris"), is an idealistic young physician who chafes at the political and social constraints that interfere with medical practice in the second decade of the 20th century. Unlike some other physician-heroes of the period, he manages to work and flourish within the defined boundaries, but even this fairly conventional doctor has difficulties in dealing with Annie Lewis who is dying from metastatic cancer of the breast. Chris finds Mrs Lewis'

prolonged agony ... unnecessary and beyond bearing. 'Some day by God,' he said to [Dr.] Grant one day, 'we'll be too civilized to allow it. It's inhuman. It's refined cruelty.' (Dr Grant is more cautious.) 'Dangerous thing,' said Grant dryly. 'Can't take over the power of life and death. That belongs elsewhere.'¹⁵⁷

John Kronkauer, a patient in *The Interns*¹⁵⁸ (see also p. 262) argues volubly in favor of euthanasia. Kronkauer "a scholarly man, though apparently unschooled in any formal sort of way," has reached the final stage of syringomyelia and syringobulbia. His eye movements are impaired and his speech is affected but he is still able to quote *Utopia*⁴¹ and various biblical passages, trying to convince the interns and the more senior hospital staff to give him "just a small overdose of something". When an intern goes into his room in the middle of the night Kronkauer comes out with "just two words: 'Doctor! Please!'"¹⁵⁸

Kronkauer uses financial arguments: "All our savings are going. If I live an extra two or three months, what's she going to do, go to the poorhouse? There's no one to take care of her, so Doctor, please."¹⁵⁸ He uses the veterinary approach: "You are arrested for not killing an animal in pain," so why is it unlawful to release "a suffering human being ... from the torment of his life?"¹⁵⁹ He uses the autonomy line of reasoning. "If my life is my own, Doctor, is not death my own?"¹⁵⁹ Why are all medical activities based on the assumption that "the patients want to live" when some of them clearly wants to die?

Lastly there is an appeal to religion. "The good Lord gave us death just like he gave us the other medicines. Death is his pain killer. Did he withhold it from the physicians?"¹⁵⁸ The chief of neurology keeps his professional distance. "I do not intend to debate euthanasia with you. Or its legal aspects ... I'll look in tomorrow."¹⁵⁹ (John dies from an overdose of barbiturates administered by a nurse – see p. 262.)

In one of his masterful tales,¹⁶⁰ Richard Selzer shows that even the strongest arguments in favor of euthanasia are likely to come up against the ambivalence of the medical profession towards shortening a patient's life. A forty-nine year-old man who is dying of pancreatic carcinoma, and whose pain has become refractory to morphine, has had enough.

“ ‘Please,’ he begs me ... All night long he has thrashed, as though to hollow out a grave in the bed. ‘I won’t let you suffer,’ I tell him, ... ‘I’ll get rid of the pain,’ I tell his wife. But there is no way to kill the pain without killing the man who owns it.”

The patient's wife and his mother beg the doctor to put him out of his misery. The patient himself seems to understand what is about to happen, when the doctor shows him three syringes and he holds out his left arm where one single vein remains patent. The morphine dose turns out to be inadequate and the patient, though he becomes unconscious, continues to breathe. The thought of strangulation occurs to the doctor.

“Three minutes of pressure on the larynx. He is still not conscious, wouldn’t feel it, wouldn’t know ... My hand wilts. I cannot ... not this way. [Outside, in the corridor, the women are waiting for news.] ‘He didn’t die,’ [the doctor tells them,] ‘he isn’t ready yet.’ ‘He is ready,’ the old woman says. ‘You ain’t.’”¹⁶⁰

Special Cases.

Professor van Helsing and his associates discuss a form of euthanasia which comes close to murder by any definition.¹⁶¹ The “patient” (Mina Harber), who may have been bitten by a vampire, is at risk of suffering from an incurable and contagious disease, because the "bitten" victims (like contemporary drug addicts) automatically become "biters" and transmit the condition to others who then undergo the same transformation. The dispatch of the patient with a "stake through the heart" is therefore a public health measure, rather than an act of mercy towards the patient. "If this change should come (in Mina)

it would be necessary to take steps! We both know what those steps would have to be.... We would neither of us shrink from the task, awful though it be to contemplate."¹⁶²

Mina even provides a "living will." " 'You must promise me, one and all ... that should the time come you will kill me.' 'What is that time?'... 'When you shall be convinced that I am so changed that it is better that I die.' "¹⁶² Vampires and their victims have little to do with real medicine, but Stoker's story provides a sinister warning to doctors dealing with incurable, highly infectious conditions. The patients may not wish to die; they may not even be suffering a great deal but the temptation not to treat them or to speed up their departure will be very strong.

The "strutting" neurologist in *A Troubled Guest*,¹⁶³ has some macabre anti-euthanasia advice for the grieving adoptive parents of Ron Mairs who has been shot in the head. Ron's brains are being "held in" by a bandage,¹⁶⁴ and after he has been connected to a ventilator for three days, his parents decide that there is no point in continuing. An "aloof" and "arrogant" neurologist warns the family that if they authorized the withdrawal of life support, and Ron's killer were later caught and brought to trial, his lawyer could claim that Ron's death was due, at least in part, to the action of his parents.¹⁶⁵ Mairs speculates briefly about the cause of the doctor's apparent opposition to the discontinuation of life support, and comes to the conclusion that doctors hate death which they regard as an indication of failure.

Euthanasia as an option for a fatally injured enemy soldier is briefly considered but rejected by an American-trained Japanese surgeon.¹⁶⁶ Pearl Buck's *The Enemy*, which is set in Japan during World War II, tells the story of Dr Sadao Hoki and his wife, who find a seriously wounded, escaped American prisoner of war, washed up on the beach. The doctor briefly discusses his options with his wife: " 'If we sheltered a white man in our house, we should be arrested, and if we turned him over as a prisoner he would certainly die ... The best thing that we could do would be to put him back in the sea' (presumably after giving him a hefty dose of a narcotic) ... But his trained hands seemed of their own will to be doing what they could to stanch the ... bleeding." They take the wounded man into their house, the doctor sutures his wound, the doctor's wife nurses him back to health and they help him to escape. Individual acts of kindness towards helpless "enemies" are common in real life and in fiction, but Buck gives this particular rescue a medical twist. " 'If the man were whole,' " declares the

doctor, “ ‘I could turn him over to the police without difficulty. I care nothing for him. He is my enemy ... But since he is wounded ... ‘ “Dr Hoki leaves the sentence unfinished but implies that the American is his patient and must be treated under medical rather than military rules.

Summary

Doctors who administer lethal medications, withdraw life support systems, or use “benign neglect” as a form of treatment in patients considered “terminal,” give rise to much controversy in fictional literature.

Despite the multiple logical arguments in favor of the “relief of suffering,” measures to shorten life are somehow considered not entirely compatible with the duties of a doctor. Multiple such acts are described, but on almost every occasion, the reader is made to feel that something is not quite as it should be. In principle, euthanasia may be the correct way of handling particular clinical situations, but doctors prefer to abide by the Hippocratic rules.

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Chapter 9. The Doctor and Politics.

"Dick was come to high renown
 Since he commenced physician.
 Tom was held by all the town
 The deeper politician."¹

The Oxford English Dictionary defines "politics" as "the science and art of government; the science dealing with the form, organization and administration of a state or part of one."² In common parlance the term has much wider and much more negative connotations. It is perceived to include the manipulation of others for ulterior motives and the pursuit of power for its own sake, often by dubious means. Persons practicing the "craft" of politics are generally regarded as scheming and dishonest, with one of the synonyms of the devil allegedly derived from the name of the most famous political scientist of all time.³ This chapter brings together literary accounts of doctors engaging in activities generally recognizable as "political" in nature. The "politics" of family dynamics are discussed in Chapter 1 of Book 2.

"Successful" and "Unsuccessful" Medical Politicians.

In the real world many physicians engage in "status" and "interest"⁴ politics. Medical academics in the process of enhancing their positions in the institutional power structure, complain that they had to abandon research because of their administrative duties (confusing cause with effect). Physicians in practice use various political stratagems to build up a clientele consisting of wealthy and powerful individuals.⁵ Some doctors have themselves elected to Town Councils, to State and Federal Legislatures and a few, like Dr. Georges Clemenceau,⁶ reach "the top."*

On the other hand, the fictional Dr Massarel,⁷ a country practitioner with political ambitions, is a medical as well as a political poltroon. The doctor is the "leader of the Republican party of the neighborhood, a high official in the local Masonic lodge, president of the agricultural society and the firemen's banquet, and the organizer of the rural militia."⁷ On September 5, 1870 Massarel is in the process of examining a peasant and his wife, both of whom suffer from varicose veins. "It started,"

* Throughout his career, Clemenceau treated his fellow politicians with a great deal of contempt. He is reputed to have remarked about Prime Minister Lloyd George: "Ah, si je pouvais pisser comme il parle."⁶

said the peasant, "with the ants which began to run up and down my legs." Doctor Massarel who is dressed in his uniform, has more important matters on his mind. He rudely tells his patient: "Shut up, I haven't got time to bother with your nonsense. The republic has been proclaimed, the emperor has been taken prisoner, France is saved."

The patient, who is not in the least interested in these historic events, wants to discuss his symptoms. "I seemed to get big lumps which hurt me when I walk." The doctor can bear it no longer. "Shut up and get out! If you had washed your feet it would not have happened!"

Dr Massarel's feeble attempts to participate in political movements are no better than his miserable clinical endeavors. He is incapable of controlling his band of followers and he fails to dislodge the mayor and the priest from their respective strongholds. When the mayor, a staunch conservative, makes a dignified exit, the doctor can think of nothing better than to pump bullet holes into the bust of the recently deposed emperor. These antics fail to elicit any sort of emotion among the spectators. The doctor dismisses his ragged militia and withdraws towards his home where the peasants are still waiting to have their varicose veins treated.

Incompatibility of the two Activities

Both in real life and in fiction, doctors express a great deal of hostility towards politics and politicians. In his famous address to the new medical graduates at Bellevue Hospital,⁸ Oliver Wendell Holmes strongly advises the young doctors to stay away from "the muddy sewer of politics." Cable makes the point that his hero, *Dr. Sevier*⁹ does not fit easily into any organization. He is "too unconventional a thinker, ever to find himself in harmony with all the declarations of a political party."¹⁰ William Carlos Williams' Dr "Dev" Evans¹¹ who "looks down on politicians,"¹² entertains a particular distaste for politically active doctors. "As for the political 'lights' of the [medical] clan - he had no use for them whatever."¹³ Dr. Juvenal Urbino,¹⁴ a masterful organizer, is evidently too much of an individualist to fit into any political party. "The Liberals considered him a Gothic troglodyte, the Conservatives said he was almost a Mason, and the Masons repudiated him as a secret cleric in the service of the Holy See."¹⁵ Urbino himself draws a sharp distinction between the politics of establishing a School of Fine Arts and the acceptance of a government position. Indeed, "he was a

pitiless critic of those physicians who used their professional prestige to attain political office."¹⁵

Dr Yury Zhivago,¹⁶ caught up in the ferocious Russian Civil War, despises the political attitudes of both sides:

"The Commissar's naiveté embarrassed him but the sly sophistication of the commandant and his aide – two sneering and dissembling opportunists - was no better. And all this expressed himself in a torrent of words, superfluous, utterly false, murky, profoundly alien to life itself."¹⁷

Dr Rafael Meomartino,¹⁸ lacks some of the attributes that might make him a great surgeon, but his comments on political organizations would be endorsed by most of his medical colleagues. Rafael, an expatriate Cuban surgeon, declines his brother's invitation to participate in the Bay of Pigs invasion. The brother is appalled:

" 'You don't believe in Cuba?' 'Believe?' Rafe laughed ... 'I don't believe in anything, not in the way you mean, I think all movements, all large organizations in this world are lies and profit for somebody. I believe, I suppose, in people doing as little harm as possible to other human beings.' "¹⁹

Medical politics, like other types of politics, may be corrupted by outright bribery. Daudet²⁰ who regards all appointments and promotions as successful results of boot licking ("lèche ment") is obviously biased against the entire medical "establishment." * However his story of two prominent physicians competing for election to the Academy of Medicine²¹ sounds entirely plausible. A voting member who had been a vocal supporter of one of the candidates and who had offered to speak on his behalf, is made to change his mind by the offer of a large sum of money. "On the day of the election he was going to be called urgently to see a fictitious patient" out of town. The "consultation" for which he is to receive ten thousand francs, is to keep him busy until the debate is over and the votes have been counted. (The maneuver fails and despite this piece of treachery, the "deceived" candidate wins by ten votes).

Slaughter²² expresses a widely felt nostalgia for a bygone era when medicine was a cottage industry and doctors did not need to be politically active. "Doctoring is one thing that politics has no business

monkeying with. Me for the old family doc making his rounds and sending out bills when he happens to think of it and no [politician] interfering with him, in or out of office."²²

Political Doctors: Medical Administrators

Fictional doctors incapable of staying away from the “muddy sewer of politics”⁸ are generally treated unfavourably, with sentiments ranging from tolerant amusement to deep hostility. Michael Crichton's Dr Lewis Carr,²³ the discoverer of a new form of familial dysgammaglobulinemia, who was made a clinical professor within seven years of graduation²⁴ (see p. 199) owed his swift rise not only to his clinical and investigative skills. "Unkind souls said Carr ... shamelessly sucked up to the senior staff men ... He knew more local gossip than any of the nurses."²⁴

Sheed's Dr Samson²⁵ is treated less kindly. He is portrayed as "an old fud" and, despite his statements to the contrary, he seems out of touch with current progress in medical research. He is also a poor communicator (see Vol. 1, pp. 135-6). He inappropriately recommends that Brian Casey, a 16 year old poliomyelitis victim, not be informed that his legs are likely to remain paralyzed, a piece of advice that leads to a great deal of unhappiness. Sheed tells his readers in a throwaway remark that Samson is "an official of the American Medical Association,"²⁶ with the implication that the doctor's main interests lie outside the field of clinical medicine.

In a memorable scene Proust²⁷ illustrates the incompatibility of politics and patient care, and the inevitable intrusion, among political doctors, of non-medical considerations into clinical activities. Marcel's grandmother has sustained a cerebral ischemic attack in a public toilet, and Professor E., a friend of the family, agrees to see her in urgent consultation.²⁸ The Professor, an obsessive individual, has a dinner engagement with the Minister of Commerce, but he is courteous towards his new patient and he takes the time to perform a physical examination.²⁸ His prognosis for the old lady who has chronic renal impairment as well as cerebro-vascular disease is awful. "Your grandmother is doomed," he tells Marcel on the way out. But within seconds of delivering this verdict, while Marcel and his grandmother are still waiting for the elevator, the Professor can be heard shouting with rage, because the button-hole on his frock coat has not been hemmed.²⁸ "[He] continued to storm while I

* See footnote p.190.

stood on the landing, gazing at my grandmother who was doomed.”

The professor has not committed any medical misdemeanour. He is entitled to a private life of his own, particularly after seeing a patient outside regular office hours. Nonetheless, the inappropriate juxtaposition of the grandmother’s prognosis and the button hole is very stark, leaving Marcel with the impression that to the professor the two problems are of equal importance and that he has no real interest in the patient. “Each of us is indeed alone.”²⁸

Hospital administrators generate particularly intense contempt. They are perceived as lickspittles, serving and advising their political masters, while, at the same time, obstructing the indispensable activities of their clinical colleagues. They are pompous clowns, whose limited intellects make them incapable of functioning as proper doctors, and who drift into their managerial positions by default. Lewisohn’s Dr Kirke,²⁹ one of the young psychiatrists at Drew's Point Hospital for the Insane

" realized that he didn't have ... the personality to become a metropolitan specialist. He would try for the superintendency of some great state institution. 'Look at Foster', he said. [Dr Bryant Foster, Kirke's role model] was the superintendent at Drew's Point. ... The exquisitely garbed, cool-faced, calculating diplomat ... impressed politicians as the very ideal of a scientist and had long forgotten the little he ever knew."³⁰

Sheldon’s Dr. Benjamin Wallace,³¹ another hospital administrator, “was the quintessential politician, a tall, impressive-looking man with small skills and enough charm to have ingratiated his way up to his present position.”³²

Yet another member of the *Medicus administratorus* species is Goldsworthy’s Dr Richard Pfitzner.³³ As a loud-mouthed, academically indifferent student (Adelaide, Class of 1969) with "the silver spoon wedged firmly in his mouth" and "the nurse always in tow" he is regarded by his classmates as a "pain in the arse" who always manages to keep away from major disasters.³⁴ Twenty years later, he reappears as Dean of Medical Studies at the “Schultz Bible College and University,” where he acts as President Schultz's factotum and superior executive secretary.³⁵ Pfitzner propensity to cause anal discomfort remains undiminished. He now has “various smiles in his repertoire,”³⁶ and he displays the “right” mixture of self-assurance and obsequiousness.

A different but equally distasteful type of medical politician is described by Francis Roe's in *Doctors and Doctors' Wives*³⁷ which has, as one of its subsidiary plots, the rise and rise of Dr Janus ("the anus") Frankel. Janus, an academic, furthers his career not by research, teaching or patient care, but by skilful political manoeuvres. He first appears as an assistant professor tyrannizing the students and the house staff (see Chapter 3, p. 72), while acting as an eager sycophant to the Departmental Chairman.³⁸ During Grand Rounds, Frankel distinguishes himself by making "clever" suggestions, which are largely designed to draw attention to himself and to disparage the residents.³⁹ The case being discussed is that

"of a physician who had had a malignant melanoma excised from his back twenty years before ... and was now dying of disseminated melanoma in his liver and brain. 'Is his present tumor cell type the same as the one removed twenty years ago?' asked the chairman. 'We believe so,' replied ... the Chief Resident. 'It was done at Mount Sinai.' 'Don't you have the slides?' chipped in Janus Frankel. 'Surely our own pathologists should make the comparison.' 'I called the pathology department there ... The slides are in storage and they said it would take a week or so to get them out.' 'Isn't there a messenger service?' snapped Frankel with a side-glance at the chairman. [After a few further exchanges the chairman,] obviously anxious to move on, [remarks:] 'Your point is well taken, Doctor Frankel ... I'm sure that information will be available next week.' He looked pointedly at the chief resident. 'Now let's get on with the next case.'"³⁹

Frankel's talents are crowned with success and he resurfaces twenty years later as the Chairman of Surgery in the same University Hospital.⁴⁰

"The senior men rotated that unsought-after post between them every two years, but Frankel liked the job and was good at it. He had a bigger goal in sight, however. He wanted to be the President of the American College of Surgeons and to get there he needed a substantial power base such as the post he was now in. Only it had to be permanent."⁴⁰

An essential step towards permanency consists of the elimination of a potential rival (Dr Wilbrahim Stringer). Frankel feels no more compunction about such a move "than a chess player at sacrificing a piece."⁴¹ He skillfully undermines Stringer's credibility both within and outside duly constituted committees, and his efforts are frustrated only by the intended victim's premature death. Stringer, whose position Frankel seeks to terminate, is not a pleasant person (see Chapter 3, pp. 79 and 81). Moreover, he has committed a monumental clinical blunder (which he then tries to cover up). However, despite his faults, Stringer is a recognizable clinical figure^{42, 43} while Frankel, the despicable and dishonest politician, is motivated entirely by personal ambition.⁴⁴

A few medical politicians are treated favorably. Dr Maurice Bennett, a wise and highly respected Chief of Surgery in another of Francis Roe's *novels*,⁴⁵ has avoided corruption and pomposity..⁴⁶ Unlike many of his colleagues, he refuses to accept money from pharmaceutical companies.⁴⁶ He is full of contempt for his fellow office bearers at the American College of Surgeons⁴⁷ who do nothing other than hold lavish parties for themselves, paid for by the membership, and invite each other to be visiting professors.⁴⁸ Bennett's attitude contrasts sharply with that of Dr Earl Macklerod "one of those humorless ambitious people who try to raise themselves up by bringing other people down."⁴⁹ Macklerod who wants to be the next president of the College of Surgeons, proposes to enhance his electoral chances by posing as "a forceful defender of scientific integrity." His machinations are likely to destroy the career of a promising young researcher (Dr Paula Cairns - see p.190).

Fortunately for Paula, Dr Bennett has not given up his association with the College. When Macklerod, the "corrupt" politician, delivers a particularly pompous diatribe on the topic of scientific integrity,⁵⁰ Bennett, the "decent" politician reminds him that the President of the College of Surgeons is elected by five regents. Macklerod is in full song:

" 'My stance on Dr Cairns cannot under any circumstances be changed because – ‘Earl,’ interrupted MauriceBennett, 'Bob and I are both on that regents committee.' "

Macklerod says no more about Paula Cairns' scientific integrity. Instead, he expresses the hope that Bennett will support his candidature.

Non-Political Doctors

“Good” fictional physicians are generally unsympathetic to and untrained for political activities. They avoid personal publicity “as though it were that Staph-something infection that terrifie[s] hospitals.⁵¹ Hecht's fifteen eminent doctors⁵² who are all leaders in their various fields are

“the medical peerage. This does not mean necessarily that any layman had ever heard of them. Eminence in the medical profession is as showy at best as a sprig of edelweiss on a mountain top.”⁵²

Dr Howard Sommers, the idealistic hero of *The Web of Life*⁵³ is not in the least grateful to Louise Hitchcock who invites Dr Lindsay, a throat doctor with "the largest income of any doctor in the city," to a dinner party.⁵⁴ Louise wants the young doctor to become acquainted with this successful senior colleague, who may help him establish himself in Chicago. "I hope that you will be nice to him," says Louise.²⁴ Howard who "hates the successful," is not looking forward to meeting this rich and reactionary doctor. He actually accepts Lindsay's offer of a job, but the professional relationship between the two men is strained almost from the first day (see also Chapter 2, p. 49).

When busy doctors are forced to part in political activities such as committee meetings, they do so unwillingly. They are bored and frustrated by such events, especially when they have other, more worth while duties to attend to. Dr. Luke Serocold,⁵⁵ a family practitioner in a small English town, receives a stipend as the municipal medical officer, but he does not enjoy his interaction with his employers, the local politicians. The tactless and cantankerous old doctor grumbles on his sixty-fifth birthday: "I'm not really good working with other people ... I like to get through my work in my own way and to be left alone."⁵⁶

During a meeting of the Town Council where he has to present his report, Doctor Serocold amuses himself by drawing cartoons representing the councilors as different animals. The mayor, a special enemy, "looks like a fat Berkshire pig". Even the humorous, retired judge receives no thanks, despite his talents for conflict resolution and despite his political support for the doctor. "All damned nonsense," the doctor explodes as he walks down the Town Hall stairs with the judge after the meeting.⁵⁷ With the doctor's attitude towards the councilmen ("they all get in my way ... but I suppose ... it's just their way of doing business"), it is not surprising that, after twenty years in the job, he has achieved very little.⁵⁸ What is surprising is the fact that he has not been asked to resign. Presumably his disagreeable behavior is considered appropriate to his profession.

At the "Bartlet Community Hospital"⁵⁹ Harold Traynor, the chairman of the Board of Governors, conducts monthly meetings of the executive committee according to strict parliamentary rules:

"As soon as the minutes had been read and approved, Traynor cleared his throat in preparation for his monthly chairman's report. He looked at each member of the committee ... making sure they were all attentive. They were, except for ... Dr Delbert Cantor, current chief of staff ... who was typically bored and busily cleaning under his finger nails."⁶⁰

A more significant conference occurs in Camus' *The Plague*.⁶¹ Several medical practitioners are meeting with local politicians in an emergency session of the Health Committee. There is only one item on the agenda - what measures need to be taken to prevent the spread of a major plague epidemic.⁶² In particular, the delegates have to decide whether or not the Prefect should use his constitutional powers to isolate the patients, quarantine their contacts and institute other draconian measures.. The more politically minded individuals "deprecated [any] hasty action".⁶² "Are you absolutely convinced it's plague?" someone asks Dr Rieux. Rieux who has been looking after dying patients is not interested in hypothetical political consequences and he becomes impatient with questions of terminology. "You're stating the problem wrongly," says Rieux, who wants action before it is too late.⁶²

The cynical Dr Skreta in *The Farewell Party*⁶³ who conducts a fertility clinic in Communist Czechoslovakia⁶⁴ (see p. 245) shares his Western colleagues' contempt for politics and politicians. According to Skreta

"Politics is the dirty foam on the surface, while real life takes place in the depths... And it doesn't make a particle of difference which government happens to be in power.... When I put on my rubber glove and touch a woman's womb I am much closer to the center of life [than any politician]."⁶⁵

Skreta, a rogue who would flourish under any political system, engages in unprofessional conduct on a large scale (see also Chapter 7. pp. 244-5). He artificially inseminates large numbers of unsuspecting patients with his own semen, hoping that "in ten or twenty years the country would be inhabited by thousands of Skretas."⁶⁶ He dispenses a cyanide pill, which accidentally kills one of the nurses⁶⁷ and he persuades a wealthy patient to adopt him as his son.⁶⁷ He shamelessly breaks his patients' confidence, gossiping about their pregnancies and their physical defects.⁶⁸ A non-medical friend, posing as a doctor, is allowed to observe Skreta performing a vaginal examination.⁶⁹ Skreta is undoubtedly a petty criminal, who should be disqualified from practicing medicine, even "as a sideline."⁶⁹ However, his misdemeanours pale into insignificance when compared with the disasters caused by his political masters and their experiments in social engineering. Kundera evidently shares Skreta's view that politics constitutes "the worst side of life."⁶⁵

Unlike the fly-by-night Skreta, who functions, legally and semi-legally, in subterranean areas beneath the attention of politicians, Dr Adam Stanton, in Warren's *All the Kings Men*⁷⁰ has always considered himself above political intrigues. Stanton comes from a distinguished family,⁷¹ and is internationally recognized for the excellence of his surgical work.⁷¹ For most of his life he has lived under the delusion that

“a long time back ... everything was run by high-minded handsome men wearing knee-breeches and silver buckles ... or frock coats ... who sat around a table and candidly debated the good of the public thing.”⁷²

He believes that contemporary politicians should conduct themselves according to this noble tradition, and he has nothing but contempt for Governor Willie Stark,* a ruthless, unprincipled demagogue who wants him to head up the new “Stark Medical Center.”⁷³ Stark and his entourage are not in a position to offer Stanton any kind of political deal. He is not interested in money,^{71, 72} he is famous, and he is not in the least susceptible to threats or flattery.⁷⁴

Naturally, Stanton's disdain for the politicians is thoroughly reciprocated. The governor and his minions regard Stanton as a “softy” whom they intend to use for their own purposes. Jack Burden, one of Stanton's childhood friends, but now a Stark supporter, considers Stanton's attitude similar to that of a rich kid who “does not like to play with the rough boys. He is afraid they might dirty his Lord Fauntleroy suit.”⁷⁵ Stark, who shares this view, tells Stanton not to behave like a gourmet “who just loves beefsteak but can't bear to go to a slaughter pen, because there are some bad, rough men down there who aren't animal lovers.”⁷⁶

Stanton accepts Governor Stark's offer. He fully recognizes that Stark plans to build a monument to himself but he supports the idea of a first class medical centre that will serve the people of Louisiana regardless of their ability to pay.⁷⁷ Burden, Adam's childhood friend, encourages this attitude: “You want to do good ... It's no disgrace. It's just eccentric.”⁷⁸ There is also the hint of blackmail - Stark and his associates have unearthed some long-forgotten scandal about Stanton's father whom he loved and revered.⁷⁹ Finally there is pressure from the doctor's sister, Ann Stanton, with whom he has an ambiguous relationship, and who is currently sleeping with the Governor.⁸⁰ Stanton does not enjoy his

* Willie Stark, Warren's fictional character, was inspired by Huey Long, Governor of Louisiana 1928-1932.

position as "court physician" and his proximity to the seat of power. In fact, the association between the "clean" doctor and the "dirty" politician leads to the destruction of both.⁸¹

Another kind of non-political doctor is represented by Lucas Marsh,⁸² Thompson's wild-eyed fanatic general practitioner, obsessed with medicine as something "fine, pure and maybe holy."⁸³ During his early days in Greenville, Lucas (who has been well briefed) actually acts in a little political charade, when, as a member of a medical delegation, he manages to persuade the mayor to install a new water supply.* He applies a little harmless flattery so that the mayor, who fancies himself a classical scholar, becomes favourably disposed toward the project.⁸⁴

Politics become more complicated when Lucas lodges a complaint against Dr Alpheus Snider, a bumbling old yokel who has acquired his medical licence in the pre-Flexnerian days and who precipitates the death of a typhoid patient by prescribing a purgative.⁸³ Dr Gillingham, the chairman of the county medical society, shows little interest in the long list of Dr Snider's misdeeds. He is much more interested in avoiding a public scandal than in terminating Dr Snider's lethal career. (See also Chapter 8, p. 266.) Lucas feels betrayed when Dr Gillingham refuses to entertain his charges. "It was the ... old...priesthood... and the priesthood protected its own. It sat here in the room with him. And Dr Snider was a priest. The ranks had closed."⁸³

Dr. Louis Coupé's dislike of politicians and their perceived machinations is so intense that it ultimately becomes an obsession which leads to his resignation.⁸⁵ Coupé has been brought out of retirement in 1914 to work as a surgeon in a Paris military hospital, (see Vol. 2, p. 210) where he is frustrated by multiple bureaucratic restraints. The Baroness Gründlich, a vulgar and noisy society woman, followed by her entourage, regularly visits Coupé's surgical ward where she doles out largesse to the wounded soldiers in the form of inappropriate refreshments and unsuitable gifts.⁸⁶ He would like to evict this dreadful creature "whose makeup extends all the way to her soul" ("maquillée jusqu'à l'âme"), but, unfortunately for the doctor, she has a personal authorization from the minister to come and go as she pleases. " 'Perfect,' exclaims Dr. Coupé sarcastically, 'if the minister shows such concern for our poor men, France is safe.' " ("Si le ministre s'occupe de nos bonhommes, la France est sauvée."⁸⁶)

When Coupé publicly berates a foppish, obnoxious and particularly stupid corporal, he is informed by Dr. Desmelaire, the hospital superintendent, that the offending young man is the son of Deputy Filandeu. Coupé reacts by expressing his thorough contempt for the Deputy and his beastly son. (“Je me fous du député Filandeu.”⁸⁶) Unfortunately, Coupé’s loathing of politicians is so intense that he comes to regard even Desmelaire, his immediate superior and, like himself, a minor functionary, as “one of them.” Any form of collaboration between the two becomes impossible⁸⁷ and when Coupé feels impelled to apply for a transfer, his application is accepted.

As a rule, fiction writers are on the side of non-political doctors who fight with bureaucratic institutions and their major or minor functionaries. The encounter between Dr Chase and Bill Chalmers in Lightman’s *The Diagnosis*⁸⁸ is an exception. Chalmers suffers from total amnesia and Chase proposes to use his newly acquired “computer-guided aspirator” to biopsy Chalmers’ brain.⁸⁹ Chase has no intention of waiting until relatives are located, especially as “cousins and aunts” may withhold authorization to go ahead. Permission from the hospital administration for an invasive, experimental test is unlikely to be forthcoming. The procedure goes ahead (without approval from the ethics committee or anyone else in the bureaucracy) but the instrument malfunctions and no brain tissue is obtained. No damage is done but the application of administrative rules would have afforded the patient some protection from a totally unprincipled medical investigator and a potentially lethal procedure.

Lack of Political Skills as a Source of Weakness

The inability to use political techniques, to dissemble, to manipulate and to "use one's friends"²² creates difficulties for many practicing doctors. Plato⁹⁰ points out that the doctor without political skills may fail to impress the relevant selection committee, and may not be given the opportunity to display his medical talents.

"If a rhetorician and a doctor were to enter any city you please and there had to contend in speech before the Assembly or some other meeting as to which of the two should be appointed physician, you would find that the physician was nowhere while the master of speech would be appointed if he wished."⁹⁰

In totalitarian countries, the non-political doctor who refuses to give active support to the regime, is perceived as an enemy and may be subjected to Draconian penalties to make him conform. Pearl Buck's Dr Liang Yu,⁹¹ an American-trained surgeon, who practices in China during the Japanese occupation, then under the Nationalists and finally under the Communists, treats all comers regardless of nationality or political affiliation. His attitude towards governments is one of indifference: "What do governments matter? They come and they go."⁹¹ After the Communist takeover "there came to the gates secretly ... a few soldiers who were not Communists. They were those who had been left behind in the retreat and, hiding by day, they had dragged themselves to him at night to be aided." The doctor admits the wounded men to his hospital, where they are treated alongside the other patients. When the Communist general finds out about enemy soldiers at the doctor's hospital, he demands that they be handed over to him. Dr Liang refuses, and is presented with an ultimatum: If he admits any more "reactionaries" he will be "dealt with." The doctor does indeed disobey and the general has him murdered.⁹¹

Dr Thomas Stockmann, the childlike hero of Ibsen's *An Enemy of the People*,⁹² comes across as a lonely kind of Prometheus, brandishing his fist at various politicians and political organizations, but completely impotent when he has to handle his enemies, his fair weather friends, and the local citizenry. Stockmann, who has discovered pathogenic bacteria in the local water supply,* tries to convince the mayor, other dignitaries and the "ordinary" townsfolk that this matter has to be rectified before their town can become a health resort. He is politically so naive that he believes he will receive a civic award for his discovery⁹⁷ and for his suggestion that the water pipes be re-laid (at great expense). When the local newspaper refuses to publish Dr. Stockman's statements, and suitable venues are made unavailable to him,⁹⁸ he organizes a public meeting at a friend's home. Unfortunately, he is incapable of preventing the appointment of a hostile chairman.⁹⁹ He goes on to insult his listeners by rambling about impoverished, stunted patients who would have been better off consulting a veterinary surgeon than a physician.¹⁰⁰ "The majority is never right. Never, I tell you", he informs the audience.¹⁰⁰ It is no wonder that the meeting votes almost unanimously to declare him an "Enemy of the People."¹⁰¹ In the end, Dr. Stockmann loses his credibility, his job and his children's inheritance, while the town's water supply remains polluted.

* The theme of a contaminated water supply and ensuing confrontations between town authorities and the local physician, occurs in several 19th and early 20th century works.^{82, 92, 93, 94, 95} In Arey's novel,⁹⁶ Salmonella organisms are distributed in cream cakes so that the doctor has to confront the owner of the bakery.

Graham Greene's Dr. Richard Czimmer,¹⁰² another political innocent and martyr, starts off as a compassionate doctor practicing in the Belgrade slums, but becomes a socialist agitator when he finds that his impoverished diabetic patients cannot afford insulin.¹⁰³ He concludes that only a Communist revolution can rectify this iniquitous state of affairs, but the revolution fails and Czimmer has to go into exile where he functions neither medically nor politically.

Dr Gregory Ovchinnikov in Chekhov's *An Awkward Business*¹⁰⁴ who makes "modest contributions to medical literature" is confronted by administrative problems somewhat similar to those facing Dr Czimmer,¹⁰² and, like Dr. Czimmer, he displays a total lack of political talent. Like other Chekhovian medical characters, Ovchinnikov comes out of medical school equipped with some clinical skills, but quite unprepared for the primitive conditions in the country hospital where he has to work. He is particularly frustrated by the incompetent and lazy staff whom he can not control. When a middle-aged medical orderly turns up on rounds with an obvious hangover, Ovchinnikov fails to take appropriate administrative measures, such as reprimanding the offender or recommending his dismissal. Instead he reacts quite inappropriately by punching the orderly on the nose in front of the patients and nurses.

"The doctor having never struck anyone before ... felt as if he had lost his virginity." He spends days ruminating about his options. "Should he offer to resign? Should he have the orderly dismissed? Should he content himself with an apology? Most absurdly of all, should he fight a duel?" Ovchinnikov's indecision results in the involvement of the Hospital Board with considerable damage to the doctor's credibility, but in the end everyone goes back to work as if nothing had happened.¹⁰⁴

The main theme of Cronin's *The Citadel*⁹⁵ consists of Dr. Andrew Manson's ongoing attempts to practice good medicine under adverse political circumstances. Manson, who has to endure the inertia of legally constituted bodies and the obstructive behavior of individuals in authority, deals with these obstacles by non-political means. When confronted by a Salmonella epidemic in a Welsh mining town and the unwillingness of the local government to deal with the problem, Manson and his friend, Dr Philip Denny, dynamite the leaking sewer, which is contaminating the town's drinking water.¹⁰⁵

Somewhat later in his career, Manson is facing a disciplinary charge before his employers, the “Aberlaw” Medical Society.¹⁰⁶ The anti-vivisectionists of the town and his personal enemies accuse him of performing experiments on live guinea pigs without a license, in the Society's time, on the Society's premises,¹⁰⁴ and they are agitating for his resignation. During the hearing, Manson uncharacteristically allows himself a political gesture, which suddenly alters the atmosphere in his favor. He produces a letter is from the Senate of the University of St Andrews, indicating that he has been awarded a doctorate on the basis of his experimental work (see also Chapter 6, p. 186). "It annoyed Andrew to observe the effect created by the Senate's communication. Although he was desperately anxious to prove his case, he almost regretted his impulse in producing [the document]. If they could not take his word without some sort of official bolstering, they must be heavily prejudiced against him."¹⁰⁶

For a brief period, Manson finds himself attached to a body advising various government departments on health matters.¹⁰⁷ There had evidently been some infighting concerning the standard width of bandages and Manson commits the political sin of not ascertaining the views of his superiors before expressing his own opinion. His career as a bureaucrat comes to an end soon afterwards. As Manson hands in his resignation, the principal functionary declares "I have realized that your place is ... if I may borrow a war-time comparison - not in the base but ... in the front line with the ... troops."¹⁰⁷

Because of his unorthodox behavior Andrew Manson comes dangerously close to losing his license to practice.¹⁰⁸ He removes a patient from a regular hospital where she is being treated (ineffectually) for tuberculosis by a "regular" physician, and transfers her to a private clinic run by a medically unqualified scientist who helps him to induce an artificial pneumothorax. Fortunately, Manson remains a legally qualified medical practitioner, and at the end of the book we find him contemplating further attacks on the battlements of *The Citadel*, a symbol of medical authority and bureaucracy.¹⁰⁸

Contrasts Between “Genuine” and “Political” Doctors

*Arrowsmith*¹⁰⁹ by the Nobel Laureate Sinclair Lewis, is one of the most important twentieth century medical novels. It tells the story of a medical "pilgrim" and his constant tussles with commercialism, with fanatical religiosity and, above all, with politics and its practitioners. Throughout the book,

Martin Arrowsmith and his soul-mates, the "real" doctors, are contrasted with political and financial "achievers," who, in the process of climbing the ladder of success, forget, ignore or betray their vocation.

Multiple tempters and temptresses try to turn Martin Arrowsmith into a political success.^{110, 111}

Madeline Fox, his first fiancée, wants Martin to emulate Dr. Loizeau, the surgeon (see also Chapter 2, p. 51) rather than Dr. Max Gottlieb, the "true" scientist. Dr Loizeau, Madeline observes, "rid[es] up to the hospital in a lovely car with a chauffeur in uniform and all his patients simply worship ... him," whereas Professor Gottlieb "had on a dreadful old suit and ... certainly ... could stand a hair-cut."¹¹⁰ Madeline almost has her way with Martin who declares: "With you helping me, I'm going to climb to the top."¹¹¹

Fortunately or unfortunately for Arrowsmith he soon abandons the "refined" Madeline for the "earthy" Leora Tozer who is acutely aware of the difference between medical scientists and politicians. On one occasion, when Martin gives a successful address to a church group, Leora declares herself unimpressed. "You belong in a laboratory, finding out things, not advertising them".¹¹² Martin argues that he does not mind having "to express himself publicly now and then. Makes you think more lucidly". "As for instance the nice, lovely, lucid politicians," Leora replies.¹¹²

Arrowsmith's role model at Medical School and later in his career is Professor Max Gottlieb, a man with great scientific integrity and a profound contempt for worldly success.¹¹³ Unfortunately, Gottlieb's integrity and otherworldliness turn into insuperable obstacles when he tries to modernize the medical course at the "University of Winnemac."¹¹⁴ He attempts to reform the curriculum

"like a spinster organizing a league to keep small boys from learning naughty words ... He conceived that there might ... be a medical school which should be altogether scientific ... with spectacle-fitting and most of surgery ignored ...I admit we should not be able to turn out doctors to cure village bellyaches; and ordinary physicians are admirable and altogether necessary - perhaps. But there are too many of them already.' ...So simple or so insane was he that he wrote to Dean Silva, politely bidding him to step down and hand over his school ... to an unknown teacher in Harvard! A courteous old gentleman was Dad Silva, a fit disciple of Osler but this incredible letter killed his patience. He replied that while he could see the value of basic research, the medical school belonged to the people of the state and its task was to provide them with immediate and practical attention¹¹⁴ Gottlieb retorted with spirit and indiscretion. He damned the People of the State of Winnemac. Were they, in their present condition of nincompoopery, worth any sort of attention? He unjustifiably took his

demand over Silva's head to that great orator and patriot, Dr Horace Greeley Truscott, president of the University. President Truscott said, 'really - I'm too engrossed to consider chimerical schemes, however ingenious they may be.' 'You are too busy to consider anything but selling honorary degrees to millionaires for gymnasiums,' remarked Gottlieb.¹¹⁴ [Next day, at a special meeting of the University Council, Gottlieb is invited to resign from his chair] "I'm damned if I will resign ... because you all haf schoolboy minds, golf links minds you are twisting my expression ... No, I will not resign!"¹¹⁵

Gottlieb's services with the University are terminated forthwith despite the fact that he is regarded as the chief scientific ornament "of this shopkeepers' school. ... The really dismaying thing was that he should, by an effort to be a politician, have interrupted the sacred (scientific) work".¹¹⁴

A sharp contrast to Dr. Gottlieb is provided by Dr Almus Pickerbaugh, the Director of Public Health at "Nautilus."¹¹⁵ Pickerbaugh, the most outlandish of Sinclair Lewis' medical characters, is portrayed as garrulous and insincere, with a tremendous capacity to maintain his name in front of the public. "He was a man who never merely talked: he either bubbled or made orations."¹¹⁵ He claims that he makes it "a regular practice to set aside a period for scientific research"¹¹⁵ but he actually provides a clear illustration that scientific research and a political career are incompatible. Indeed it is doubtful that Pickerbaugh understands (or ever understood) the nature of research.

Pickerbaugh "proves by statistics that ninety three percent of all insanity is caused by booze"¹¹⁵ He is a popular speaker at Chamber of Commerce gatherings, he founds the first Rotary Club in Iowa and he is the superintendent of a Sunday School. He is the "winner of prizes both for reciting the largest number of Biblical texts and for dancing the best Irish jig at the Harvest Moon Soiree of the Jonathan Edwards Bible Class for Grown Ups." After listening for half an hour to this series of "success stories" Arrowsmith "realized that to a civilized man, the fact that Pickerbaugh advocated any reform would be sufficient reason for ignoring it."¹¹⁵ In amongst Pickerbaugh's hand-shaking, speech-making, jingle-writing and other self-promotional activities, there is also

"the slimy trail of the dollar... When Martin suggested that all milk should be pasteurized, that certain tenements known to be tuberculosis breeders should be burnt down ... when he hinted that these attacks would save more lives than ten...years of parades ...[Pickerbaugh demurred]. No, no Martin, don't think we could do that. Get so much opposition from the dairy men and landlords. Can't accomplish anything in this work unless you keep from offending people."¹¹⁶

"Gradually Martin's contemplation moved beyond Almus Pickerbaugh to all leaders, of armies or empires, of universities or churches and he saw that most of them were Pickerbaughs."¹¹⁶ After Pickerbaugh's inevitable election to Congress, Arrowsmith is not promoted to the directorship of public health. He lacks the enthusiasm "for getting together with folks and giving a long pull and a strong pull all together."¹¹⁷ He has made so many political enemies in Nautilus that the mayor, who finds him a political liability, reduces his salary, and forces him to resign.¹¹⁸

Arrowsmith's lack of political acumen and his contempt for the "men of measured merriment"¹¹⁹ subsequently get him into trouble at the New York institute where he fails to appreciate that large research establishments require wealthy donors as well as administrators who solicit donations.¹²⁰ The novel ends with Arrowsmith leaving his comfortable home, his wealthy, intelligent and supportive wife so as to work in a monastic atmosphere in a shanty together with other "maverick and undomestic researchers."¹²⁰

Hoffman¹²¹ who considers Arrowsmith "a failure as a scientist and a failure as a man" is too harsh in her judgment. Arrowsmith, Gottlieb and the other "mavericks" in Lewis' work simply refuse to compromise with self-opinionated patrons of scientific institutes, with rich wives and, most importantly, with politicians. Arrowsmith who prefers the role of Diogenes to that of Alexander,¹²² is not a failure. He deliberately chooses the role of a martyr in the cause of integrity.

Arthur Schnitzler¹²³ contrasts the careers of Professor Bernhardt, a political innocent but a true physician,¹²⁴ with that of Dr. Flint who holds a medical degree but is now a cabinet minister. Flint declares himself "homesick for the laboratory and the hospital"¹²⁵ but every time he opens his mouth he indicates that he has left medical research and practice far behind. "You must understand," says Flint to Bernhardt,¹²⁵ "that there is a higher aim in public life than to keep one's own word ... and that is to keep one's goal in view."¹²⁵ Bernhardt still resents Flint's former attacks on his Medical Institute, where patients are treated free of charge ("depriving private practitioners of their fees") even though Flint currently finds it expedient to pose as one of the Institute's warmest friends. "I happen to have a very good memory" says Bernhardt. To Flint, the politician, a good memory may be a severe handicap: "It clouds one's view of the present."¹²⁵

Flint shows no more compunction about abandoning an old friend (who lands in jail) than he had shown earlier in his career when he let a patient die rather than contradict his chief who had made a wrong decision. At the time, Flint was worried that if he irritated the chief by a show of premature independence, he might not be promoted to a full chair.¹²⁴ Bernhardt, like Arrowsmith, is the very antithesis of a politician. He wants to do "the right thing" and, in the process, manages to alienate even his friends. He loses his job and towards the end of the play he is not even a licensed medical practitioner.¹²⁶

Ptahor in Waltari's *The Egyptian*¹²⁷ formerly "an honest physician bringing life to his patients," has risen in the world of politics to become Pharaoh's "neurosurgeon." In a bout of drunken remorse Ptahor becomes nostalgic for his former non-political life-style. He expresses regret about his royal connections and his activities at court, which have made him rich and powerful, and compares himself unfavorably to his "classmate" Senmut who has remained a true physician. "'You are poor but honest,' he sobbed, 'therefore I love you for I am rich and rotten ... a lump of ox dung upon the road.'¹²⁸

The contrast is more subtle in Walker Percy's *The Thanatos Syndrome*.¹²⁹ The chief character, Dr Thomas More, who has been deregistered and jailed (for writing illegal prescriptions) is trying to rehabilitate himself and, in the process, has to face his "probation officers," Drs. Bob Comeaux and Max Gottlieb.¹³⁰ Of the three doctors, Comeaux is politically the most successful, but personally the least attractive. Originally a Long Island ethnic Italian, by the name of Como, Bob has had a name and personality makeover since his migration to Feliciana Parish, Louisiana. He now pretends to be of French Huguenot descent and affects Southern mannerisms.¹³¹ His acting talents pay off. He is "at the top now, director of something or other - in the penthouse of the monolith with a splendid panoramic view of the river."¹³⁰ He has NIH and Ford Foundation grants¹³² which he uses, illegally, for experiments in social engineering * Gottlieb, a Jewish psychiatry professor from Tulane University¹³⁰ is less persuasive and less melodramatic than Como/Comeaux. However, he also possesses considerable political talents. He "knows everybody"¹³³ and he is able to tidy up quietly when the illegal experiments (of which he had been aware) threaten to become an embarrassment to the NIH. At the bottom of the political pile is More, a "disgraced shrink,"¹³⁴ with only a provisional license to

* Comeaux organizes the addition of radio-active sodium to drinking water in order to make the recipients more tractable.. He is also involved with euthanasia centres for infants ("pedeuthanasia") and old people ("gereuthanasia").¹³²

practice and virtually no patients. He has not published a scientific paper for many years.¹³⁰

Despite More's lack of power or influence, his old fashioned medical "one on one" technique enables him to identify a new syndrome, to shut down Comeaux' various illegal and immoral facilities,¹³³ and to replace them with an old-fashioned type of hospice where untreatable patients will be cared for.

Protégés and Victims

When politicians become capable of dispensing patronage, they are expected to reward their supporters and punish their enemies. Deans and Departmental Chairmen are viewed as politicians, and their decisions, particularly those relating to appointments and promotions, are regarded with suspicion. Mediocrities who have managed not to irritate the great man are accepted, while "difficult" applicants are rejected, despite their brilliance.

Doktor Wildelau, the "Herr Direktor" in Hutchinson's *The Fire and the Wood*¹³⁵ is a German caricature of the medical politician (see also Chapter 6, p. 187). Wildelau, described as "a glorified office clerk who had almost forgotten to read a thermometer,"¹³⁶ and as "a little Caesar from the market stalls,"¹³⁷ is full of political platitudes. "We regard each single life for which we are responsible as something of inestimable value," he proclaims.¹³⁸ He pronounces himself "a personal friend - perhaps ... a father to every man and woman who works under [him]." ¹³⁹ Wildelau is exceptionally proud of his expertise in selecting staff. "I've learnt that there are many qualities to be considered and that they are not all immediately obvious to those who cannot regard the issues with the same detachment as myself." In particular, pontificates Dr Wildelau "in the art of healing ... it is not always the academic qualifications which are the most important."¹³⁹

The director's stated ideals, his self-assessed administrative ability and his alleged talents for selecting "suitable" staff members fail miserably in 1933 when, in order to curry favor with the new National Socialist government in Berlin, he fires a talented young assistant who belongs to the wrong "race" and offers the job to a mousy substitute with an unblemished ancestry.¹³⁹

Wilson's *Hall of Mirrors*¹⁴⁰ constitutes a powerful indictment of the parochial* medical politics practiced in England during the 1960's. The book describes several doctors for whom the treatment of patients (other than cabinet ministers and members of the British Royal Family) constitutes an unwelcome interruption of more important activities, especially those involving the acquisition and the exercise of power. Sir Horace Trimble, the disgusting glutton,¹⁴² Sir Thomas Gilling, the unimaginative court physician¹⁴³ and Lord Maxfield, the once promising researcher who has run out of original ideas,¹⁴⁴ (see Chapter 6, pp. 206-7) between them dominate the various interlocking committees that control all important appointments, promotions and research grants. They sit on the advisory boards of journals and block publications of scientific papers whose authors and contents they dislike.

This trio is opposed by Dr David Line, who fancies himself as a knight in shining armour, fighting single-handedly against the despised "establishment." Line, a brilliant showman and television personality, turns out an arrogant maverick, working to an agenda of his own. He recruits,¹⁴⁵ and uses¹⁴⁶ research associates who will further his schemes, but discards them¹⁴⁷ when they cease to be useful.

Ambitious and talented young doctors without political skills, languish at the bottom of the power pyramid and are likely to remain there, particularly if they do not agree with those in authority, and are categorized as "argumentative" and "difficult.". Dr. Samuel Francis Brook, who graduates at the top of his class, fails to receive an appointment at his teaching hospital because Sir Horace Trimble, a senior attending physician, wants the position for his nephew (sic), a very indifferent scholar.¹⁴⁸ When Brook writes a letter of complaint to the Board of Governors, a committee of enquiry is set up to investigate the apparent injustice. The committee, chaired by Sir Thomas Gilling, a friend of Trimble's and a thorough establishment man, refuses to overturn the nephew's appointment and Brook, a Jew, becomes a marked man. His research is not supported, his papers are turned down by leading journals and he is denied membership of various scientific societies. His computer program, which helps physicians choose between diagnostic possibilities, is ignored to the extent that a

* By the time Wilson published *The Hall of Mirrors* in 1966, the decline in the relative importance of British medical practice and institutions was well on its way. A defining event occurred in 1953 when a senior British politician (and future Prime Minister) was transferred to Boston for surgical treatment.¹⁴¹

prominent British politician is allowed to die of a cerebral abscess (in the pre-CT days) even though Brook's hardware and software might have alerted the attending physicians to the correct diagnosis.¹⁴⁹

Beneficiaries of the patronage system include close relatives such as sons, nephews and sons-in-law,^{123, 150-152} as well as relatives and friends of colleagues who may be able to reciprocate. Several French novels^{150,151} describe bright young medical graduates who marry the daughters of powerful department heads in anticipation of the "rising son-in-law" principle. Simenon's Dr Pierre Besson d'Argoulet, a brilliant student

"became the favorite pupil of Elémir Gaude, a famous psychiatrist of the time ... Was it purely by chance that he married his boss's daughter? Among all the girls he met, was she really the one he loved? Could he swear that no element of calculation had entered into his choice? ... Was it nothing to do with his father-in-law that at thirty-four he became one of the youngest agrégé in France, that three years later he obtained a chair and that finally on Gaude's death, he was elected to the Academy of Medicine?"¹⁵³

Besson's "brilliant" career is not entirely due to his family connections. He "was present at all the dress rehearsals and gradually won himself a place in the smart set of Paris ... Not a year passed without (t)his ...cynical schemer ... receiving an [honorary doctorate] from some foreign university ... He presided over medical congresses all over the world.¹⁵⁴ ... He adored ceremonies, honors, titles, decorations ... What he ... enjoyed most about his position of authority was to walk through the wards of the Broussais hospital followed by scores of respectful students."¹⁵⁵

In a factual study performed in Great Britain as late as 1967, Last¹⁵⁶ showed that even at that stage academic appointments appeared based on nepotistic principles. The appointees studied by Last were not nephews or sons-in law, but protégés.

In the non-medical world, the truth is often a victim of what is perceived as political necessity. Similarly, in medical politics, the "experience" of a powerful clinical chief may become biased because he is shielded from bad news by his underlings. They look after the patients who have not improved, while he sees the successful results of his favorite procedure. Dr Louis Hauberger, the powerful chief of surgery at the Charité Hospital¹⁵⁷ is a victim of this syndrome. Hauberger publishes prodigious numbers of papers, but members of his own staff are beginning to doubt the veracity of his success rates. "There's no question of deliberate falsification ... (but) nobody likes being the bearer of

bad news so nobody likes to show the Chief one of these relapse cases. ... The higher up people are, the less they know about what is really going on. They live in a world which is distorted to please them."¹⁵⁸

The unevenly matched protagonists in Ravin's *M.D.*¹⁵⁹ are Professor Maxwell Baptist, chairman of the Department of Medicine at "Manhattan Hospital," and Dr William Ryan, the somewhat naïve apolitical resident who dislikes "kissing ass" particularly Baptist's ass.¹⁶⁰ Predictably, this attitude annoys the chairman, and Ryan pays the appropriate penalty.

Baptist, nicknamed "St John," is not held in high regard by the house staff (see also Chapter 6, p. 199). He is considered a poor clinician and a worn-out researcher who "had passed his prime before he was made chairman."¹⁶⁰ He has published nothing since, many years earlier, he described a kidney disease which was generally referred to as "Baptist's nephritis."¹⁶⁰ However "if he had done nothing else ... he had organized a solid core of talented people and built an admirable department."¹⁶⁰ Baptist's clinical and investigational skills have atrophied, but his political acumen remains finely honed. The politically astute members of the resident staff, who believe (correctly) that their future careers depend on Baptist's support, are terrified of displeasing him and decide not to present patients with obscure diseases at the monthly Chairman's Rounds, where the professor is supposed to come up with a diagnosis. If Baptist were unable to recognize a particular disorder, he might turn vindictive. Now there happens to be, under Ryan's care, a man with Baptist nephritis.¹⁶⁰ "If there was one diagnosis Baptist ought to be able to make, it had to be Baptist nephritis." Ryan is therefore instructed that he will be presenting his case to the chairman. Regrettably, he has his doubts about the diagnosis.

"The next day the assembled residents, interns, medical students and nurses filed into the solarium to hear Dr Baptist's wisdom. He arrived with a retinue of assistant chief residents, ... assorted sycophants and some visiting Professor from Greece who spoke little English but who had come to spend time in the master's presence. [In due course] Baptist pronounced [the patient was suffering from]... Baptist nephritis and monotoned his standard lecture ... Then came the question period ... Ryan raised his hand. He recited the eight criteria from Baptist's paper, pointed out ... that this patient met only two and politely asked why the diagnosis had been made. ... Baptist handled [the question] with a sniff. 'Some criteria are more important than others. If checking off criteria on lists was all there was to clinical judgment then we could leave patient care to medical students and interns.' The assemblage laughed and clapped."¹⁶⁰

Baptist's skills as a malicious political manipulator assume particular importance during the crucial meeting 18 months later¹⁶¹ when he blocks Ryan's promotion to a senior residency position, despite strongly favourable reports from some staff members. Baptist begins by discussing the candidates he proposes to appoint.. Six of them have been approved when Dr Hyman Bloomberg, who has a high regard for Ryan, slips in late.

" 'Have they gotten to Ryan yet?' he whispered to one of the attendings. 'Must have passed him,' he whispered back. 'Already up to T.' There were four charts left in the Approved pile...." 'Have we done Ryan yet?' asked Bloomberg good naturedly. 'No,' said Baptist slowly ... 'Why not?' asked Bloomberg. 'He's not in the Selected group.'...'Why not?' asked Bloomberg. 'We'll discuss the Unselected after we finish the ten in the Selected group.' Bloomberg ... judged the numbers. 'I think we'd better discuss this now while we still have a quorum. Some private docs will have to get back to their offices by the time we get to the Unselected.' ... 'I think its more important to approve the residents who will be with us. We can take objections and additions later,' said Baptist.. Bloomberg took his pipe out of his mouth and blew a puff towards Baptist. 'Max,' said Bloomberg 'how many of those guys in your Selected group have a lead article in the New England Journal to their credit?' ... Bloomberg stood up taking a rolled up journal from his inside coat pocket. He slammed it on the conference table. ... Baptist ... reached over ... inspected the article briefly then tossed it back on the table ... 'That's William Ryan and Hyman Bloomberg,' he said with great satisfaction. 'Everyone knows who wrote that paper, Hyman. You're an old softie. But giving Ryan the credit won't fool anyone.' [Bloomberg's protestations that William Ryan did all the work prove useless.] ... 'One paper does not a senior resident make.' said Baptist. 'Especially this one, all things considered.' 'It's a great paper,' said Bloomberg indignantly. 'If you're a co-author,' said Baptist slyly, 'I'm sure it is.' Before anyone could respond, Baptist went on ... 'Anyone else want to continue this digression?' 'He's a damn good kid,' said Sidney Cohen ... 'My impression exactly,' said Baptist. 'He needs to do some growing up. He hasn't got the maturity for senior residency.' 'He's done good work,' said Bloomberg. 'Anyone else?' said Baptist."¹⁶¹

There is no additional support for Ryan who is informed (by Baptist) the next day he had better find himself another job for the following year.¹⁶¹

Ryan, a hard working, intelligent junior resident, has the potential to turn into an excellent clinical investigator. However, he is not a sycophant, and during his fights against the bureaucracy he has come to the chairman's attention on several occasions. He has also offended against hospital etiquette by questioning the Chairman's diagnosis and by sleeping with the Chairman's current girl friend. At the end of the book, when we see Ryan driving a U-Haul van towards Baltimore¹⁶² because "Manhattan Hospital is not big enough"¹⁶³ for him and Baptist, the reader feels that Baptist has lost more than his clinical and investigative skills. He is no longer a good departmental Chairman.

Politics and Patient Management

Also in *M.D.*¹⁵⁹ Ravin provides a realistic account of how politically motivated clinical decisions may lead to medical disasters. Maxwell Baptist has made arrangements for a Mrs Philby, one of his private patients from Connecticut, to be admitted to the Cardiac Care Unit on a Saturday afternoon. He informs William Ryan, a junior resident at the time, that she is scheduled for coronary artery by-pass surgery on Monday and that the surgeon will be in over the week-end to see her.¹⁶⁴ “Take good care of her” he says before he takes off. When Mrs Philby arrives she turns out to suffer from unstable angina and hypertension. Moreover, every time she develops an attack of chest pain, her blood pressure shoots up to astronomical values. Ryan writes orders for catecholamine estimations, but realizes that these tests will never be carried out. Urine collections and subsequent biochemical tests mean the deferment of the operation, and such a delay would upset the patient and irritate Dr Baptist. Ryan has annoyed Baptist on a number of occasions and is now on his best behavior. Unfortunately, his anxiety to please the chief, results in the patient’s death.¹⁶⁴

“Monday Mrs. Philby was whisked off to the Operating Room where she died in a hypertensive crisis. At autopsy she was found to have a tumor of the adrenal gland. ... At the Morbidity and Mortality Rounds the surgeons were hopping mad. They blamed everything on the medical group including Ryan, who had sent them this time bomb ... The pathologist read Ryan's notes from the chart to the assemblage. 'Now Dr Ryan,' he said 'you suggested getting urines for catecholamines, did you not?' 'Yes.' 'What were you thinking of?' 'Pheochromocytoma.' 'You let a patient go to surgery thinking she had a pheo?' ... 'I did not consider the diagnosis a likely one.' ... 'But you suggested a pretty extensive workup. Then you didn't do the workup. You were in charge of the unit?' 'I guess I wasn't calling all the shots,' said Ryan. 'You were the unit resident?' 'Yes.' That's where they left it.”¹⁶⁴

Another instance of “political” considerations impacting adversely on patient management is provided by Faith Baldwin in an early hospital novel.¹⁶⁵ Dr. Peter McDonald, the handsome and capable “diagnostician” (see p.131) has under his care a Mrs. Helen Lawson, who is convinced

“there was something very wrong with her. She had a dozen symptoms ... sweats ... panic ... pounding of her heart ... inability to eat, sleep or read, to go out with friends, to enjoy herself ... Her husband, an ineffectual-looking man kept rubbing his thin hands together and saying nervously, ‘You’ve got to help her, Dr. McDonald; there must be something you can do!’ [McDonald] ... was trying everything ... X rays ... blood tests and cardiograms and all the rest. He called in his associates, Butler the gland man and Ransom, the neurologist ... He was sure that there was nothing the matter ...

nothing that a little hard work or less preoccupation with self couldn't fix. [Mrs. Lawson's husband, despite his appearance, is immensely rich and politically powerful.] It would not be easy to tell such a man that his wife suffered from boredom and imagination. 'Politics,' said Dr. McDonald to himself in disgust, 'boot-licking.'¹⁶⁶

Dr McDonald's approach to Mrs. Lawson may strike the contemporary reader as somewhat primitive, but there is no doubt that she is having inappropriate investigations and consultations which re-inforce her belief that she suffers from something other than an anxiety state. Interactions between doctors and rich and powerful patients, which are loaded with political considerations, are discussed in detail in Volume 1 of this series , pp. 213-9.

The Loss of Innocence

The metamorphosis from physician to medical politician may be partial or total. It occurs at different rates in different individuals, with some doctors displaying political stigmata early in their careers while others avoid the transformation altogether. Occasionally, there is a defining event.

George Eliot's Dr Tertius Lydgate¹⁶⁷ begins his medical career with the best of intentions. He is not going to be influenced by non-medical considerations when dealing with his patients or his colleagues. When Trawley, one of his fellow students (who subsequently marries a rich patient and practices at a German spa)¹⁶⁸ complains that "the medical profession was an inevitable system of humbug," Lydgate replies that "the fault was in the men who truckle to lies and folly. Instead of preaching against humbug outside the walls it might be better to set up a disinfecting apparatus within."¹⁶⁸ Lydgate has no intention of "humoring everybody's nonsense." He is not going to "wear the harness" and pull along with his "yoke-fellows."¹⁶⁸ He avoids London with its "empty bigwiggism and obstructive trickery" and settles in "Middlemarch" where he believes he can remain independent.

Unfortunately for Dr Lydgate, he soon becomes involved in the petty politics of a small town. Nicholas Bulstrode, the Chairman and Treasurer of the Hospital Board wants Lydgate's support for the appointment of the Reverend Tyke, an evangelical type, as hospital chaplain.¹⁶⁹ Lydgate (and George Eliot and the readers) are in no doubt that the Reverend Farebrother, a more traditional (and more relaxed) Anglican, would be a more suitable incumbent of the position.¹⁶⁹ However, Lydgate who needs Bulstrode's support for the upgrading of Middlemarch Hospital

"did not like frustrating his own best purposes by getting on bad terms with Bulstrode ... What he really cared for was a medium for his work, a vehicle for his ideas ... a good hospital where he ... could test therapeutic results ... He could not help hearing within him the distinct declaration that Bulstrode was Prime Minister and that the Tyke affair was a question of office or no office." ¹⁶⁹

At the meeting of the selection committee, Lydgate votes for Tyke ¹⁷⁰ (who is elected by a majority of one) and commences his "progress" towards imitating his class-mate Trawley. ¹⁶⁸ After several professional and personal setbacks, he leaves Middlemarch and establishes an "excellent practice, alternating, according to the season, between London and a continental bathing place ... His skill was relied upon by many paying patients." ¹⁷¹

Dr. Carl Gilbride no doubt loses his innocence long before he becomes Chief of Neurosurgery at "Eastern Mass Medical Center," ¹⁷² where he demonstrates that it is impossible to reorganize a large unit without the use of some political techniques. Until Gilbride's arrival, "the neurosurgical program [had been] the subject of scorn in academic circles." Under his leadership, the reputation of the department becomes enhanced to such an extent that "high-ranking applicants from the best medical schools in the country" are competing with one another to gain a place there. ¹⁷³ We do not hear how Gilbride deals with the incumbent staff upon his arrival, but there are many details concerning his advertising methods, and his efforts to obtain financial support. He and his wife are "tight with Boston's upper crust." Mrs Gilbride sits on the board of the symphony orchestra. ¹⁷⁴ All inquiries concerning "highly connected" potential patients ("senators, big businessmen, celebrities, foreign diplomats") have to be referred directly to the chief because such people "can pump prestige into a program like ours just by walking through the door." ¹⁷⁵

Regrettably, Gilbride's political ambitions take precedence over all other considerations, particularly his research projects. A member of Gilbride's staff, Dr. Jessie Copeland, has been helping her chief to develop a robot that can perform neurosurgical procedures. ¹⁷⁶ Jessie, despite completing her residency training under Gilbride, has developed into a dedicated researcher and a compassionate clinician. She does not believe the machine is ready to operate on living patients, and she is appalled when Gilbride manipulates the hospital's ethics committee into giving him a hasty approval to use it for an experimental procedure. on an Olympic gymnast. ¹⁷⁷ Gilbride's political agenda evidently takes

precedence even over his clinical judgment. He is determined not to be beaten by “that bozo from Houston” and he plans to utilize the nation-wide publicity surrounding his patient to extract a three-million dollar grant from one of the research foundations.¹⁷⁶

Gilbride’s underlings are not taken in by the antics of their “esteemed leader,”¹⁷⁸ whose surgical skills appear to decline, as his political fortunes rise. “If only Gilbride were as masterful in the OR” as he was in his public relations exercises, muses Jessie as she watches her chief on television, posturing in front of the family of a highly connected patient.¹⁷⁹

The idealistic and somewhat naïve Dr. Kate Hunter (“Kat”) in Sheldon’s *Nothing Lasts Forever*³¹ dies young, but, during her brief life, never loses her political innocence. When one of her patients lodges a complaint with the medical administration,¹⁸⁰ and Kat is summoned to the office of Dr. Benjamin Wallace, the consummate medical politician, (see p. 300) she cannot or will not understand that “important” patients need special treatment.

‘You wanted to see me, Dr. Wallace?’ ‘Yes. Sit down. Tom Leonard is one of your patients, isn’t he?’ ‘That’s right. I found him eating a hot pastrami sandwich with pickles and potato salad ... ‘ ‘And you took it away from him.’ ‘Of course.’ Wallace leaned forward in his chair. ‘Doctor, you probably were not aware that Tom Leonard is on the hospital’s supervisory board. We want to keep him happy. Do you get my meaning?’ Kat looked at him and said stubbornly: ‘ No, sir ... It seems to me that the way to keep Tom Leonard happy is to get him healthy. He is not going to be cured if he tears his stomach apart.’ ‘Benjamin Wallace forced a smile. ‘Why don’t we let him make that decision?’ Kat stood up. ‘Because I’m his doctor. ‘

As she walks out of the office, Wallace reflects that women doctors seem to find it harder to adjust to the political realities of life than their male colleagues.¹⁸⁰

Dr Ernesto Castillo¹⁸¹ whose childhood experiences “immunized ... [him] against political ambition”¹⁸² also remains a political innocent, despite his enforced “diplomatic” activities. Ernesto is blackmailed by a French governmental agency into becoming the "court physician" of Manuel Villegas, the president-in-exile of a Central American republic. The job description includes making weekly reports to the prefecture "not ... on the state of your patient's liver or kidneys" but "on his general state of mind and that of his entourage and on the effect ... of any visitor he may receive."¹⁸³ Gradually Castillo is drawn into the political turmoil surrounding his patient (he even

occupies a cabinet post for a brief period) but his heart is not in his new profession. He never acquires basic political skills such as an instinct for when to attend and when to stay away. "You'll never make a conspirator" ¹⁸⁴ says one of his fellow ministers. The new president himself is even harsher. "Except in your profession you're a total idiot, and don't let anyone persuade you otherwise." ¹⁸⁵ At the end of the book, Ernesto is happy to abandon politics and to go back to his residency post.

By contrast, Clayton Abernathy, ¹⁸⁶ an indifferent student at Johns Hopkins Medical School, * displays political awareness at a very early stage. He points out to his class-mates, more than once, that staff appointments at their hospital seem to be based, at least in part, on nepotistic considerations. ¹⁸⁷ The more idealistic members of the student body resent Clayton's worldly wisdom and his aspersions on their magnificent institution and its staff. Dr McMillan, whose daughter is currently dating Abernathy, is not enthusiastic about the prospect of a political son in law. "Medicine, [declares Dr. McMillan] like everything else, has its deadbeats and politicians." ¹⁸⁸

Compromisers

In real life most doctors, whether in practice or attached to institutions, recognize politics as a fact of life and a necessary evil. They hold their noses and come to terms with organizational hierarchichies. The hospital administrator may be a half-wit, the departmental chairman an evil schemer, but work has to go on, and and some accommodation occurs. Such undramatic co-operation is relatively rare in fictional literature.

Dr Noel Arden ("Chris") the romanticized hero of Rinehart's novel, ⁹⁴ becomes aware, early in his career, that Staunton Lewis, a politically powerful tycoon and benefactor of his hospital, is also indirectly responsible for the sickness of many of the patients. Staunton and his colleagues have done nothing about the city's contaminated drinking water.* Unlike Thomas Stockmann ⁹² and Andrew Manson ⁹⁵ who are faced by similar public health problems, Chris ⁹⁴ manages to suppress his rage and to avoid drastic action. Stockmann ruins his career by speaking out against the mayor at a public meeting ⁹² (see p. 308). Manson risks imprisonment when he dynamites the leaking town sewer ⁹⁵ (see p. 304) Chris is more circumspect. He decides that "his entire future ... lay in his continuing

* See Footnote Vol. 2, pp. 21-2.

* * See Footnote p. 308

affiliation with the hospital . . . [Moreover] it would be unwise to antagonize a good friend. . . . As to the matter of the water, it was too late to do anything now, anyhow. Perhaps by next year.”⁹⁴

Through the good offices of Staunton and his daughter Beverley, Chris is offered a salaried appointment as city physician.¹⁸⁹ When he reports for duty at the City Department of Health¹⁹⁰ he comes up against further political realities. The person in charge of dispensing municipal bounty is a coarse and cynical fat man in a dirty shirt who hailed Chris

“with the hearty voice of comradeship. ‘Hello,’ he said. ‘You’re the new doc, aren’t you?’ ‘I am. I don’t know why.’ ‘The fat man grinned, rocking back and forth on his heels. ‘Pull is the word, son. Why am I here? Why are you there? Pull, my boy.’ ”¹⁹⁰

Chris does not want to be beholden to the patronage of Staunton Lewis or Lewis’ daughter.. He makes disparaging remarks about the tycoon and his cronies and resigns before he is fired.. Fortunately he is able to retain an unpaid association with the city hospital.¹⁹¹

Nourse’s *The Bladerunner*¹⁹² is a science fiction tale of a surgeon (Dr. John Long) fighting, almost entirely on his own, against a set of dictatorial regulations. In an attempt to limit the cost of medical care and to curb the exponential growth of the population, the government has decreed that robots are to perform surgical operations, that hospital medical care is to be restricted to persons who have submitted to “voluntary” sterilization and that medical care outside recognized medical centres is illegal.¹⁹² Dr Long who begins in general practice,¹⁹³ subsequently trains in surgery,¹⁹⁴ and now holds a surgical position in Philadelphia Hospital Number 7, pretends to participate in the robot-training course, but sabotages the computer programs so that surgical procedures continue to be performed manually.¹⁹⁵ In his spare time, Dr Long provides surgical care in the homes of people who refuse to have their children sterilized.¹⁹⁶ He considers resigning his post at the hospital and working exclusively in the “underground” system, but decides against it.¹⁹⁷ He wants the vicious laws to be repealed or modified and he realizes that such political changes can only be accomplished from within the system. So long as he is part of that system, he may be able to influence the upper echelons of the hospital administration, and through them, the government. Resignation might make him feel virtuous and less hypocritical but would reduce his influence to zero.

Summary

The contrast between what is "right" and what is "expedient", between starry-eyed idealism and corrosive cynicism, between telling the truth and making disgusting political deals, is seen to be particularly sharp amongst medical practitioners. Like priests whose political ambitions and activities are seen as a betrayal of their calling,¹⁹⁸ physicians have to decide "between success in this world and the next."¹⁹⁹

The choice is difficult, especially in a society where the greatest fear of ambitious individuals consists of being considered a loser. Political skills lead to money, status and power; the idealistic approach leads, at best, to obscurity. At worst, doctors failing to play political games experience poverty, dismissal or even imprisonment. The pre-industrial practitioner "family doc making his rounds,"²² innocent and ignorant of political maneuverings, was an endangered species even in the first half of the 20th century. At the present time, the species is almost extinct and the majority of doctors practicing modern medicine have to live within a political hierarchy. Nevertheless, the doctor's political activities continue to be regarded as something alien to his profession.

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CONCLUSIONS

Fictional doctors, as a rule, do not reveal their reasons for choosing medicine as their life's work or for training in a particular specialty. The relatively few stated motives in favour of a medical career or a particular specialty tend to be trite and unconvincing.

Family pressures obviously play a part, even when there are no family members in the medical profession. Doctors are perceived as respectable and respected individuals, with secure incomes, so that the notion of "my son, the doctor" appeals to aspirational parents, especially immigrant parents. Money is less important in the equation than status and power, which include the ability of fully clothed doctors ordering their patients to disrobe. The mysterious element of clinical medicine symbolised by the black bag, also attracts a few recruits to the profession. Altruistic motives play a major role in children who make career choices at an early age, but are de-emphasized amongst individuals actually embarking on a medical career, especially during interviews for admission.

There are few accounts concerning the decision-making process in the choice of particular specialties. On the other hand, multiple works of fiction describe personality traits that apparently characterise doctors in various branches of the profession. Surgeons are compared to military men. in appearance, attitude and behaviour. Their substantial healing powers are contrasted with the internists' impotence and with the pedantic behaviour of obstetricians. Psychiatry is the most negatively portrayed specialty, attracting outlandish and weird individuals. General practitioners are lampooned for their incoherence and their limited understanding of medical principles, ENT surgeons for their meddlesome activities, pathologists and radiologists for their lack "people skills" and anesthetists for their subservience. Academics waste their intellectual resources on political infighting. It is left to the reader to decide whether these personality traits are the cause or the result of the doctor's decision to enter a particular field of endeavour.

The activities of contemporary medical researchers are poorly understood by authors of fiction and, as a result, are portrayed anachronistically and unrealistically. Abortion and euthanasia, forbidden medical procedures, but undertaken by some doctors on a part time or full-time basis, are discussed in numerous works of fiction. Abortionists are generally portrayed as unpleasant individuals, even at times when legal constraints do not apply. Euthanasiasts tend to be idealistic, despite the misguided

nature of some of their activities.

The political activities of medically qualified persons provoke a great deal of comment. Politics and politicians are generally held in contempt with the dictatorial departmental chairman and his obsequious assistants providing particular objects of fun. Some doctors spend large parts of their working lives fighting political chicanery on behalf of their patients. However many medical people work in environments where it is impossible to survive without a modicum of political skills, so that angry doctors, unable to cope with their political masters achieve nothing and become objects of pity.

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