THE DOCTOR IN LITERATURE
satisfaction or resentment?

Solomon Posen
Foreword by Edward J Huth
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Cover design: The Doctor by Luke Fildes (1887). Francis Brett Young ridiculed this painting for what he considered its sentimentality. According to Young (himself a physician and author of medical novels), a doctor has no business to sit beside the bedside of his little patient contemplating the child's impending demise or recovery. His calling 'necessarily makes him a man of action rather than reflection' and, according to Young, he ought to be bustling about, doing something. (Introduction to the series, p. 15, Reference 56.) Picture reproduced by courtesy of the Tate Gallery, London.
Foreword

Oh wad some pow'r the giftie gie us
To see oursels as others see us!
It wad frae monie a blunder free us
An' foolish notion . . .

Robert Burns, To a Louse, 1786

Wise is the physician who takes to heart the advice of Robert Burns, to see, if possible, how others see us. The human race is a spectrum from saints to scoundrels. None of us in medicine is exempt from judgements of where we stand in the spectrum. But what, indeed, are the judgements of the world in which we work? And why are we thus seen?

Unspoken and unwritten judgements we will never know, whether they be those of the men and women who see us up close as our patients or of spectators quite detached. But through the millennia of the written word, novelists, playwrights and poets have worked us into their tapestries. Here is where Dr Posen has gone for this collection of judgements of what we have been and what we might be. He faced an intimidating task. Consider what Greek and Roman literature alone adds up to. He has had to pick widely and carefully. This he has done. What he offers is a full range of judgements; he has not hidden our critics and I think he finds a few halos. In my view, he has wisely drawn mostly from the literature of the past two or three centuries; this is literature most of us can readily find. It is legitimate to ask whether literary views of us are in fact an accurate picture of our profession. There is no clear answer. If we assume that writers draw on what they have seen, we can fairly conclude that at least some of what some writers put on paper about us is a correct picture, even if it is not a full picture.

Why should those of us who are physicians look at what Dr Posen has placed before us? Robert Burns' advice is cogent. If we know how we are seen by the rest of the world, we may be less prone to conduct ourselves in ways at odds with our professional values. We may be more likely to conduct ourselves so as to demonstrate the value of what we profess. No, Dr Posen's book will not purge our profession of scoundrels, professional cripples and incompetents. But those of us who keep an open mind about what we are and what we might do to be worthy of a place in our profession may profit.

What he shows us merits the attention not only of physicians. Among his readers should be physicians-to-be, medical students. Today's medical curriculum is stuffed to bulging not only with the necessary techniques in history taking and physical examination, in which they must show competence, but also with a far bigger intimidating bulk of complex science that may determine the nature of tomorrow's
practice. There may be no place for yet another demand on it. And I am skeptical that students pay much attention to what is likely to be seen by them as peripheral to making their way through school. But some medical educators may be less skeptical; I hope so.

Dr Posen’s book might be considered an informal social history of medicine from the past to the present. As such, it can speak to a much wider audience. Views of our profession have been and are now constantly of potential importance to many more persons than physicians: patients, parents, nurses, politicians, economists and historians. What is there about medicine that has remained unchanged for millennia? Why has there been no change in these aspects of care of the ill? What is there about medicine that through the same centuries has changed radically and may continue to change? Why? If society wishes to shape medicine and medical care to its advantage, it needs answers to these questions. What Dr Posen brings us may carry at least some answers.

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About the author

Solomon Posen majored in English before obtaining his medical degrees (MB, BS 1954, MD 1965) at the University of Adelaide, Australia. He is a Fellow of the Royal Australasian College of Physicians, a Fellow of the Royal College of Physicians, London, and a past president of the Endocrine Society of Australia.

Professor Posen taught General Medicine and Endocrinology at Sydney University for almost 30 years. He is the author of some 130 scientific papers (mainly in the field of calcium metabolism) and a co-author of a book on Alkaline Phosphatase. He has published a series of papers on the Doctor in Literature, some of which form the basis of this book. A second volume in this series entitled The Doctor’s Private Life is planned for 2005.

Professor Posen is married with three grown up children and five grandchildren. He lives in Sydney, Australia.
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My sincere thanks are due to Dr Carolyn Brimley Norris, who generously made available a full copy of her PhD dissertation (The Image of the Physician in Modern American Literature, University of Maryland, 1969) and who introduced me to the concept of 'earthy' physicians. In addition, Dr Norris corrected multiple stylistic and punctuation errors, she made many valuable suggestions concerning the organization of the material and she provided encouragement at times when no one else seemed interested in this work. Thank you, Carol.

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Dr Philippe Lanthony of Troyes, France, pointed out a number of important works not available in English, particularly Daudet's Les Morticoles and Malegue's Augustin, ou, Le maître est là. Marita Amm of Kiel, Germany, drew my attention to several fictional works relating to ophthalmologists.

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Most importantly, I thank my wife, Jean Katie Posen, for her love, her patience and her forbearance.
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Introduction

The aims of this work

This annotated anthology is intended to serve three purposes. It is a reference work bringing together, in an indexed form, some 1500 passages from approximately 600 works of literature describing physicians,* their attitudes and their activities. Second, it attempts to identify and analyze a number of themes that constantly recur in the portrayal of medical doctors, especially themes that seem unaffected by time, place or clinical training. Third, it is hoped that this work will provide some pleasure for readers who use it for browsing.

The book endeavors to correct an obvious deficiency – the lack of an index that will enable researchers, teachers or seekers of quotations to find fictional physicians or medical scenarios. While major medical characters such as Tertius Lydgate1 and Martin Arrowsmith2 appear in standard literary encyclopedias,3 Cozzens’ George Bull,4 the archetypal ‘earthy’5 physician, and Roy Basch, the disillusioned, disgruntled, inadequate intern,6 do not. Dictionaries of medical quotations7,8 for the most part overlook or ignore important fictional passages, such as Proust’s brilliant aphorism ‘If . . . [non-organic disease] is capable of deceiving the doctor, how should it fail to deceive the patient?’9 With the relevant material scattered through thousands of novels, short stories and plays, a full catalog is unlikely ever to be compiled. However, this book provides some assistance to readers in search of clinical settings in literature, by indexing major and minor fictional medical characters, vignettes and aphorisms. Hopefully, as well as filling an evident gap, it will form a basis for future, more comprehensive indices.

It is anticipated that this volume will be used as a companion – a junior companion – to Huth and Murray’s magnificent Medicine in Quotations,8 though it would be presumptuous to draw any comparisons between the breadth and erudition of that work and the more limited scope of The Doctor in Literature. I have tried to emulate their work in a number of ways. Like Huth and Murray, I have grouped together passages dealing with particular topics such as physicians’ fees, degrees of detachment and career choices, regardless of historical or geographical considerations. I have used their system of indexing by author and subject. Page numbers are provided for specific events and sayings, but not for gradual developments, such as the decline in a doctor’s practice.

Unlike Huth and Murray, who selected ‘pithy, clear and compelling’ quotations containing recognizable truths,10 I have used citations from fiction, describing doctor–patient interactions and doctors’ personal lives. These citations, which vary in length from a few words to several paragraphs, describe medical practice

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* Throughout this book the term 'physician' refers to all medical doctors and not only to internists.
as it is portrayed, rather than as it should be. For instance, Huth and Murray list a number of aphorisms dealing with the importance of medical journals to a doctor’s ongoing education. The citations in this book tell of enthusiastic journal readers, as well as piles of unopened periodicals, doctors going to sleep trying to ‘move with the times’ and doctors whose main interest in medical journals comes from advertisements or the contents of the obituary columns. There are sections on ward rounds, argumentative and flirtatious patients, dedicated and demotivated physicians, and interactions between doctors and nurses. Readers can find entries like ‘Chemotherapy’, ‘Drug salesmen, visits by’, ‘Medical certificates’, ‘Ophthalmoscopy’, ‘White coats’, and many other topics familiar to doctors and paramedical personnel.

The second objective of this work, which differentiates it from existing anthologies, relates to the exploration of specific personality traits among fictional physicians. Such traits are particularly interesting if they recur in works written during different periods and seem unaffected by time, place or the changing social status of medical practitioners. How do writers perceive the attitudes of physicians and patients towards medical fees? Are fictional doctors good family men and loyal colleagues? What makes patients angry or resentful and how do fictional physicians react during a confrontation with a hostile patient? Do fictional doctors enjoy their work? Are they religious? How do they conduct themselves when a patient becomes amorous? Do they comply with demands for an abortion or euthanasia? How do they behave at the bedside, especially if the patient is very ill or dying? Is the doctor a versatile scholar or an ignorant boor? Why is it that although women have been practicing medicine for well over a hundred years, the conflict between women’s traditional activities and a medical career appears unresolved? Why is the physician perceived as a poor politician? What makes a young man or woman choose medicine as a career and what determines the choice of a particular specialty? How do doctors’ behavior patterns differ from those of nurses?

Obviously, works of fiction do not and cannot provide definitive answers to these questions and they certainly cannot furnish any statistical data. Literary representations of doctors and their activities are not historical or medical records. They reflect the authors’ experiences and prejudices and they tend to stress the more unsatisfactory aspects of medical practice. They distort, omit and exaggerate, while the clinical details are often inaccurate. For instance, Denker’s account of a child with corticosteroid-induced adrenal failure inappropriately emphasizes the patient’s skin pigmentation because the author and his medical advisors fail to distinguish two clinical conditions from each other. Sheldon’s story of a patient with a peptic ulcer, who is kept in hospital for dietary treatment, is clearly anachronistic in the last decade of the twentieth century. Nevertheless, scenes from novels, short stories and plays, even those of only slight literary merit, show how authors perceive doctors to behave in particular situations and may provide ‘artistic truths’ as well as insights into medical encounters not found in clinical journals or books.

Many details relating to the character and to the life of physicians are gleaned only from secular authors . . . The satire of Molière, malicious though it be, has preserved for us phases of medical life in the seventeenth century for which we scan in vain the strictly medical writings of that period; and writers . . . like George Eliot have told for future generations . . . the little every-day details of the struggles and aspirations
Some recognizable patterns emerge. The 'typical' doctor, usually a male, tends to be arrogant and paternalistic. He is a man of action rather than contemplation. He works hard but he is not a good family man. He is aggressively irreligious, though he has his own ethical standards. He frequently fights with his colleagues and he detests politics, politicians and administrators. He does not bear grudges against non-compliant patients. Most medical doctors enjoy their status, their power, their high incomes and the intrinsically interesting nature of their work, though some become disenchanted and a few join the ranks of the 'impaired' doctors who should not be allowed to practice medicine. Doctors patronize, belittle and insult nurses, some of whom deserve their lowly status. No attempts have been made to rectify 'incorrect' political attitudes. Patients are called 'patients' because no writer calls them 'clients'. Where male nurses are portrayed as clowns or homosexuals or both, such sentiments are recorded as they appear.

This aspect of the book will be of interest to physicians, medical students, paramedical personnel and the families of such individuals. It will provide source material for courses in medical ethics and sociology. Nurses and social workers will discover fictional doctors, admirable and reprehensible, who may help them understand the behavior of their own medical colleagues. Patients will be interested to find their doctors' mannerisms and witticisms reflected in works of literature written many years ago.

The third purpose of this work is to introduce the reader to particular passages in novels, short stories and plays which have not been given the attention they deserve. In particular, the works of Neil Ravin, which provide some of the most realistic accounts of contemporary teaching hospitals, Wharton's Dad and some French works, are quoted at length. A moving passage describing an old-fashioned ward round is cited in full.

Inclusion and exclusion criteria

The choice of material for a book of this nature is relatively easy when it involves works such as Middlemarch, Arrowsmith and other classics, which portray doctors as heroes or at least as major characters. Well-known passages from such works appear in most anthologies, while the titles and main characters are cited in standard works of reference. The selection process becomes more complicated when the work in question is not of sufficient literary merit to be studied in colleges. The potential database is enormous. The bibliographies of Wilbanks, Trautmann and Pollard, Anne Hudson Jones, Kalisch and Kalisch, and Felice Aull contain the titles of more than 1000 works of fiction in which a doctor is the principal character. Several PhD dissertations, books and journal articles have attempted to bring some order into this vast collection of material.

The challenge is even greater when doctors appear as subsidiary figures. With some notable exceptions, such minor medical characters are unlisted in bibliographies, dissertations and journal articles, despite the fact that many of them are involved in encounters of great significance. Even anonymous doctors who...
appear only briefly to administer emergency treatment, to diagnose pregnancy, to
give a pregnant woman an expected date of confinement or to pronounce life
extinct, may provide interesting glimpses of doctor–patient interactions that cannot
be found in major works. The Arthurian physicians whose function consisted of
‘searching wounds’ and applying ‘good salves’ to injured knights give some
indication of the perception of the doctor in medieval times. Galsworthy’s ‘hastily
sent for’ anonymous doctor who ‘after one look at the old face . . . announced that
Miss Forsyte had passed away in her sleep’ contrasts sharply with the uncaring
‘red-headed intern’ at a hospital emergency room who ‘filled out a DOA form . . .
clipped his stylus to the outside pocket of his white jacket’ and impressed even a
policeman with his callous attitude.

An exhaustive review of the relevant books would manifestly be impossible and
some arbitrary omissions therefore had to be made so as to reduce this huge amount
of potential material to manageable proportions. While almost all the medical
characters in this book are educated in ‘regular’ medical establishments and possess
documents attesting their status as ‘legally qualified medical practitioners’, the lack
of a license to practice medicine has not, per se, been used as an exclusion criterion.
Licensing bodies were introduced relatively recently whereas fictional physicians go
back to classical times. Even in twentieth-century literature geographically
displaced or isolated physicians perform credibly despite the absence of the
relevant piece of paper.

Inclusion and exclusion criteria did not comprise the authors’ familiarity with or
sympathy for medical practice. Many writers of medical fiction such as Chekhov,
Conan Doyle, Georges Duhamel, Somerset Maugham, Francis Brett Young, William
Carlos Williams, Archibald Joseph Cronin, Richard Gordon, Michael Crichton and
Richard Selzer were themselves trained as physicians. Others, like Henry Handel
Richardson, George Bernard Shaw, Marcel Proust, Sinclair Lewis, Francois Mauriac,
John O’Hara, Roger Martin du Gard, Ernest Hemingway and Erich Segal either
came from medical families or were sufficiently well acquainted with the medical
profession to be able to represent the physician’s point of view. A third group of
authors (particularly women) scrutinize medicine from the outside. These writers
evidently obtained their information while receiving disappointing treatment or
during conversations with dissatisfied patients. Some members of this group, which
includes Leo Tolstoy, Flannery O’Connor, Anne Sexton, Marjorie Piercy, Marylin
French, Alison Lurie, Thomas Wolfe, Jean Stafford, Wilfred Sheed, William
Wharton and Alan Lightman, represent the doctor–patient relationship as adver-
sarial, they identify strongly with patients and they express considerable resentment
towards individual physicians and the medical profession in general. So long as
fictional physicians demonstrate some recognizable medical behavior, they have
been included, regardless of the author’s backgrounds or attitudes.

Clinical descriptions, whether impersonal case reports in Hippocrates’ *Epi-
demics* and in contemporary medical journals or extensive semi-philosophical
narratives, have been excluded even when they are of great literary or historical
interest. Also, patients’ accounts of their illnesses, their anguish, their denials, their
frustrations and their ability or inability to cope, all powerfully illustrated in
Mukand’s anthology, and vitally important in the practice of medicine, are
included only if they describe encounters with recognizable physicians. Similarly,
the interactions between sick people and their families are included only if they
involve the intervention of a doctor. On the other hand, clinical inaccuracies or
improbabilities are not used as exclusion criteria. One does not go to fiction for help with diagnostic or therapeutic problems.

Guessing games by contemporary physicians about diagnostic problems of historical or literary figures ('Did Goliath suffer from an endocrine problem?' or 'What was the organism in Philoctetes' wound?') are not within the scope of this work. Such exercises may be useful for the instruction or entertainment of medical students, but they tell us little about the attending doctors (if any).

Overt medical autobiographies have, with a few exceptions, 70,71 been avoided. Such works consist largely of self-serving, trivial anecdotes, which may be valuable from the anthropological or even historical points of view (a good deal of it is worthless trash) but give little insight into the perception of physicians by themselves, their clientele or the general public. With one exception, overt doctor–nurse romances have been excluded.

Also excluded are fictional physicians whose medical qualifications are relevant only as a plot device. Dr Jekyll, who was a medical practitioner during the day and a monster at night, might as well have had stock broking as his regular occupation. 72 Dr Watson, the unteachable disciple of Sherlock Holmes, 73,74 had a medical degree but could have played the confidant's role equally well had he been a theology student. Dr Aziz, the principal character in Forster's A Passage to India, 75 who is falsely accused of attempted rape, neither thinks nor behaves like a medical doctor. Lawrence Durrell's homosexual 'Bruce Drexel MD', 76 medical adviser to a British embassy, is seen on occasions taking his boyfriend's pulse, 77 but during most of his peregrinations around the globe, Drexel's medical degree is quite irrelevant. Stevenson's Dr Noel who helps Silas Scuddamore to conceal a corpse 78 is hardly acting in a recognizable 'medical' style. These and many similar 'non-medical' physicians are not listed and their activities are not discussed.

Similarly, Ibsen's Dr Rank in A Doll's House, 79 who is more concerned with his own illness than with taking care of patients, has been excluded. On the other hand, Relling, the cynical alcoholic in The Wild Duck, 'a doctor of sorts', 80,81 is mentioned because he at least exhibits some signs of medical behavior. He informs Hedvig Ekdal's parents of their daughter's death 81 and he points out, using a typical medical metaphor, that in some circumstances, chronic deception is preferable to absolute honesty: 'one can get through life in a wig'. 80

Medical poltroons appear in works by Molière, 82,83 his contemporaries 84 and his successors 85 with the image of the outlandish and incompetent medical buffoon persisting well into the eighteenth and nineteenth centuries when fictional doctors bore names like Slop, 86 Nockemorf, 87 Fillgrave, 88 Cuticle 89 and Patella, 89 or French equivalents like Tuehomme 85 and Massacre. 85 Even some contemporary cartoonists depict physicians (particularly psychiatrists 90) as mad, lecherous or sadistic. These medical clowns and caricatures are either not discussed at all or only at times when they cease acting like stage clowns and show a glimmer of medical behavior. Doctors, unlike insurance salesmen, policemen or real estate agents, are not intrinsically funny characters. They may be foolish or arrogant or both, but except in circumstances involving fake illnesses, the arrival of a doctor does not provide comic relief. Even doctors attending fancy dress balls 91 or noisy medical student functions 92,93 appear incongruous. The 'humorous' doctor using the Marx Brothers approach, wearing a false nose or a Santa Claus outfit and attempting to help his patients by making them laugh, 94 is inappropriate in most medical situations.
Some arbitrary decisions therefore had to be made concerning the inclusion, partial exclusion or total exclusion of eccentric and marginal physicians who display, in among their general clownishness, some recognizable medical traits. In Molière's *Love's The Best Doctor*, the four physicians who act as stage buffoons around the bedside suddenly become very plausible characters when, in private, they boast to each other about their means of transportation, very much like present-day physicians discussing their BMW or Mercedes automobiles. Ivan Chebutykin, the ignorant, credulous and drunken government doctor in Chekhov's *Three Sisters*, retains vestiges of medical traits. He still sees patients, he blames himself for an unfavorable outcome and he is still used as a confidant by one of his friends. These particular clowns are therefore included.

Likewise, Djuna Barnes' Dr Matthew O'Connor, to all appearances a most unpromising candidate for inclusion, is listed despite his clownish traits. O'Connor, unlicensed gynecologist and abortionist, cross-dresser, drunkard and thief, spends his days (and nights) discussing topics such as the nature of darkness in semi-philosophical and semi-poetical terms, while his medical activities are confined to throwing water in the face of a woman who has fainted. Even his attitude is non-medical. His claim that 'the doctor knows everything... because he's been everywhere at the wrong time' turns the physician into a kind of voyeur whose experience derives from gruesome and disgusting events he has witnessed in the course of his professional life. 'Mighty' O'Connor, as he half-boastfully and half-sarcastically calls himself, is nevertheless included, because he shows some familiarity with the practice of medicine. By contrast, Bellow's Dr Tamkin, who provides bizarre accounts of his 'clinical' activities, is clearly a charlatan, whose medical 'expertise' is derived from public libraries and a fertile imagination. Similarly, the possessors of secret or semi-magical treatments (like those of Dr Raymond which enable him to cure all forms of 'paralysis') are not ahead of their medical colleagues, but practice a different profession. 'Doctors' Tamkin, Raymond and less talented quacks are not included in this work.

Also excluded are fictional physicians who engage in criminal activities and who are discussed in some detail by Malmshimer. In classical literature such creatures appear as poisoners, thieves and violators of their patients' chastity. Most of the doctors mentioned in Yearsley's *Doctors in Elizabethan Drama* are clowns, felons or incompetents who declaim at length about what they are unable to do. The image of the physician as an evil alchemist persists into the nineteenth century, and even in twentieth-century literature one can find a few medical delinquents. Dorothy Sayers describes a surgeon ('Dr Freke') whose behavior is motivated entirely by revenge, one of Graham Greene's doctors organizes a spy network, while Pierre Ouellette's 'Doctor' David Vincent Muldane, a failed medical student with access to bacterial cultures, distributes pathogenic bacteria around restaurants and then visits his victims in hospital. Henry Bellaman's *Kings Row* contains accounts of two criminal physicians. One of these is revealed, after his death, to have been involved in an incestuous relationship with his daughter whom he poisons before he shoots himself, while the other is unmasked, also after his death, as a vicious sadist who performs mutilating operations, sometimes without anesthesia, to punish what he considers moral misbehavior. James Bridie's Dr Cyril Angelus, a poisoner and an outrageous hypocrite, is almost too clownish to qualify as an 'evil' physician. Wycherley's doctor in *The Country*
Wife, who spreads the false rumor that his patient is a eunuch, and Dickens' doctor in *Martin Chuzzlewit*, who encourages his patient to invest unwisely, while not committing any overtly illegal acts, engage in activities which are generally considered incompatible with mainstream medicine and which make them accessories to felonies.

These medically qualified criminals, major or minor, ancient or modern, are discussed only when not engaged in 'felonious employment'. Dr Benjamin Phillips, who murders his wife but escapes detection, subsequently functions as a credible, aggressive surgeon whose aphorisms include 'When in doubt, operate; you may save life, you are certain to acquire knowledge'. His medical activities are discussed; those of the concentration camp doctors are not. Ariyoshi's Dr Seishu Hanaoka, who experiments with new drugs and tries them out on his wife with disastrous results, would nowadays be considered a criminal. At the time, his behavior was evidently considered acceptable as the wife had 'volunteered' and he remains a credible medical figure. Abortion and euthanasia are or were considered criminal activities, but because of their particular links to medicine, fictional doctors who occupy themselves with these endeavors are discussed in detail in separate chapters.

Hidden meanings, symbolism, allegories and what is commonly described as the 'Poetry of Medicine', are not, in general, explored in this book. For instance, two of the three short stories describing doctors lying in bed alongside their patients without lecherous intentions are obviously allegorical in intent and have little to do with clinical practice such as most physicians would experience or appreciate. These two are excluded, even though the authors are major literary figures. The third, by a minor British writer, while set in unusual surroundings, involves an identifiable clinical scenario (a wet and cold doctor waiting to deliver a baby), and is discussed in detail. For similar reasons, the interactions between psychiatrists and their patients plays a relatively minor role in this work. Psychiatrists deal with metaphors and imagery, while the 'enamel' doctors are concerned with facts. Moreover there are several papers relating to the portrayals of psychiatrists in fictional literature.

Scenes describing bizarre medical behavior are not used. Such descriptions include a sick intern taking his own temperature instead of the patient's, a physician vomiting 'like a cat with a bone stuck in its throat' after inspecting an unusual skin lesion or the pursuits of Strindberg's unnamed doctor, who stores human limbs in his ice-chest and pulls them out for the edification of his visitors. This character also keeps a madman, whom he addresses as Caesar, locked up in his cellar; Caesar is allowed out at times and on these occasions the doctor tries to tame him. "Caesar, you must behave. Or I shall have to whip you." Science fiction doctors, with a few exceptions, are too far removed from generally recognized medical activities to warrant inclusion.

**Place and time**

Novels, plays and short stories unavailable in English have, with the exception of four important French works, not been cited. This decision was based on linguistic rather than national considerations and no material was rejected on purely
geographic grounds. Obviously, the prevalence rates of particular diseases, the available diagnostic and therapeutic measures, and many less important details of medical practice vary in different parts of the world. For instance, geographic differences determine to some extent whether sick individuals are seen by the doctor in their own homes, in a part of the doctor's residence especially set aside for the purpose (and referred to in Britain as a 'surgery'), in professional office buildings, in hospital clinics or even at a hotel. While the dedicated office building was well established in the United States and Britain in the early part of the twentieth century, in France the tradition of the doctors' home continued much longer and even a prominent physician like Dr Paul Courrèges expresses a dislike of his office in the downtown Bordeaux area. The displacement of general practitioners by an army of specialists, many of them employed by hospitals, universities or health maintenance organizations, has 'progressed' further in some countries than in others. None of this alters the essential relationship between the sick person and the professional healer, and no attempt has therefore been made to draw any regional boundaries.

... [a] world-wide profession, following everywhere the same methods, actuated by the same ambitions and pursuing the same ends. While we speak of German, French, English and American medicine, the differences are trifling in comparison with the general similarity.

The same principles apply to historical considerations; the basic relationship between patients and trained expert helpers has remained essentially unchanged over two and a half millennia. Clearly, numerous and profound changes have taken place over this long period. Even within the past hundred years, the settings of medical practice have altered almost beyond recognition, while physicians practicing in classical or Renaissance times were even further removed from their twenty-first-century counterparts. Surgical operations have gone in and out of fashion, while drug names (especially brand names) that were apparently household words a few decades ago are now totally unrecognizable. Modern private hospital rooms or intensive care units have replaced the 'Nightingale Hospital Wards' of the late nineteenth century. The stethoscope has changed its role from a French toy to a tool of trade to a status symbol. Peter Corris' account of a visit to an impotence clinic, an alprostadil injection and the embarrassing result, could not possibly have been described 100 years ago, though the notion of drug-induced impotence and potency goes back at least 400 years.

The selection and training methods of late-twentieth-century American medical students were obviously drastically different from the apprenticeship system in vogue in Britain during the first half of the nineteenth century, while the 'education' provided for aspirants to membership of the medical fraternity in France in the seventeenth century and lampooned by Molière differed even more profoundly. Dr Paul Courrèges, in a story published in 1925 but set in 1908, asks his examination candidates for the definition of hemoptysis, making the contemporary medical reader wonder what sort of answer was expected. However, regardless of whether 'medical students' are boisterous apprentices using a mortar and pestle, or intense college graduates stuffing themselves with useless anatomic facts, one common denominator pertains to all of them: ultimately, they have to
learn to look at patients objectively 'without pity and without contempt'. This attitude may be considered cynical, but without it, clear-headed evaluation and intervention become impossible.

Clothing fashions such as the doctor's silk hat and frock coat of the late nineteenth century or his smoking habits in the 1920s and 1930s have altered in more recent times. The doctor's bag has become as old-fashioned as the house call so that, in a few decades, readers of Kornbluth's *The Little Black Bag* may require a footnote to explain the term. The size of the fee has obviously changed. None of these trivialities has any bearing on the doctor's activities as a professional healer.

More importantly, quaint and archaic procedures employed in earlier historic periods are treated as part of mainstream medicine. The fact that some such practices are now known to be ineffective or harmful is considered irrelevant. Several recently popular procedures are becoming obsolete, and it is highly likely that some currently fashionable investigations, medications and surgical operations will be shown, at some future stage, to be as useless as urine casting, bloodletting and mustard plasters. The nineteenth-century transformation of the physician from a clownish and venal artisan into a self-respecting and esteemed bourgeois professional, while important from the standpoint of the doctor's status and income, did no more to alter the basic nature of his work than did the changes in his means of transport or his office furniture. Although the citations in this book derive mainly from works written in the last two centuries, no material has been excluded because of differences between the outward trappings of contemporary doctors and their predecessors. Indeed, some of the medical characters dating from classical times conduct themselves in an almost contemporary style. Plato's physician, who looks at his hypothetical patient's face and fingers and then asks him to disrobe, is behaving in much the same way as a thoracic physician might in a modern setting. The resentment against the doctor's fee transcends time and place.

**Sources**

Primary material was obtained from four sources.

1. Generally known works such as *Madame Bovary*, *Wives and Daughters*, *Of Human Bondage* and other classics that feature doctors as main or major characters.
2. Fictional works listed in bibliographies such as those of Wilbanks, Trautmann and Pollard, and Aull.
3. Novels, plays and short stories discussed or mentioned in books, encyclopedias, medical journals and medical-literary magazines. Some of these draw attention to a series of fictional doctors others confine themselves to doctors created by a single author, while yet others concentrate on individual characters. A few papers published in medical journals by well-known authors provided further primary data.
4. Additional 'eclectic' material discovered incidentally or during searches of
library catalogs for titles containing terms such as 'doctor', 'medicine', 'medical' or 'hospital'.

Secondary material was obtained largely through searches of the 'Index Medicus' and 'Medline' under 'medicine in literature'. The relevant articles on the subject mostly appeared in well-known medical journals such as JAMA, the New England Journal of Medicine, the Lancet and the Annals of Internal Medicine, and as chapters of books on the sociology of medical practice.

The selected passages are illustrative rather than comprehensive. They do not necessarily represent historical ‘firsts’ (although many of them do). While every effort has been made to include works of genuine literary merit, many such works have, inevitably, been omitted. Moreover, a large number of quotations in this book are taken from novels and short stories, which, by no stretch of the imagination, can be described as literary masterpieces. Some crucial aspects of physicians’ careers – how they decide to become doctors, how they are admitted into medical schools, how they choose a specialty – are barely mentioned or not discussed at all in serious literary works. There is therefore a disturbing juxtaposition of Nobel Laureates and very minor literary figures. Indeed, some of the quotations come from novels little better than airport literature.* No attempts have been made to perform statistical analyses.

This work is planned as a series of four volumes. This current book deals with doctor–patient interactions, particularly when these are unsatisfactory, with ensuing resentment, confrontation and litigation. The second concerns the doctor’s personal life, his family, his job satisfaction, his colleagues and his health. The third involves career choices and the portrayal of different kinds of specialists, particularly surgeons and medical researchers. The fourth book takes in such topics as male and female doctors, doctors and nurses, the abortion and the abortionist, and sexual fantasies and encounters.

**Satisfaction or resentment?**

Dear David
Dead one, rest in peace.
Having been what all
Doctors should be, but few are.¹⁶³

The entire discipline of clinical medicine depends on encounters between physicians and patients, as described by physicians. The body of collective clinical experience, which includes chapters in textbooks, articles in medical journals, and all the details

* Airport literature consists of works of fiction suitable for sale at international airports, for perusal during long flights and for abandonment at the point of destination. The authors use explicit sex and/or multiple acts of violence in an attempt to hold the readers’ attention at times when various distractions make concentration difficult. The plots of such works are mostly unoriginal and the characters stereotyped.
relating to diagnosis, prognosis and treatment, ultimately derives from the observations, by doctors, of sick individuals. In this context the patients' opinions are, inevitably, de-emphasized or ignored. Hippocrates does not tell us what the young man, who died after a seven-days' illness, thought of his physician. Present-day reports on clinical trials provide multiple details concerning subjective and objective findings including 'adverse events' or the subjects' 'quality of life', but not a hint about how these subjects perceive the personality or the behavior of the participating physicians.

In most instances, such perceptions are, in double-negative medical phraseology, 'not unfavorable'. Millions of sufferers who seek advice from members of the profession on a daily basis, by and large, experience brief encounters that are satisfactory to both sides. The patient, like Plato's carpenter, obtains his 'rough and ready cure' while the doctor receives an appropriate fee or salary and, at times, an additional gift of greater or lesser value. In a minority of cases, however, this happy state of affairs is not achieved, and it is this minority which predominates in fictional accounts of doctors. The patients are resentful about time, inadequate or inappropriate explanations, the doctors' perceived status and power, and their 'bedside manner'. They are disappointed with the information provided and angry at the way the message has been conveyed. They may come to believe that the fee is excessive, the doctor's effort inadequate and the treatment cruel, experimental or both.

Much of this seething discontent is represented as justified. The doctors' behavior may reflect insensitivity or insincerity. Their explanations strike the patients as fatuous, paternalistic or obscure. Inappropriate treatment may be employed in a particular case, because of the doctor's one-track mind. The patients' frustration may be so intense, that they regard the entire practice of medicine as a cruel joke. Remarkably, while the practice of medicine has changed profoundly over the years, the patients' grievances have not.

In a masterful and scholarly work, Rothfield demonstrates that the evolution during the nineteenth century of newly established scientific disciplines and medical licensing bodies raised physicians to an eminent status, which their predecessors did not possess and did not deserve. Several recent works purport to show that the golden age of medicine is over, and that the physician's status is once again on the decline. An entire genre of literature deals with the inadequacy of modern medical techniques and the disillusionment with physicians employing such techniques. As far as fictional literature is concerned, patients' accounts of their physicians' attitudes and activities seem largely unaffected by changes in the doctor's status.

Similarly, the revolution that has occurred in the practice of medicine over the last few centuries is reflected to only a minor extent in the patients' dissatisfaction. Obviously, Molière's doctors, who make house calls on mules, employ treatments that are different from those used by nineteenth-century doctors who arrive by horse and buggy. Twenty-first-century doctors, who make no house calls at all, practice a kind of medicine that is different again. The 'production line' treatment as seen in hospital emergency departments and operating rooms did not exist at the time of Molière except, possibly, under battlefield conditions. The doctors who wrote

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* Plato was evidently aware that patient satisfaction does not provide a reliable guide to the quality of medical care.
'prescriptions' for alcohol during the days of Prohibition,° using fountain pens for the purpose, have been succeeded by more modern doctors who prescribe other semi-legal drugs and write with a ballpoint pen.

These trivial changes have done little to alter the fundamental relationship between a sick person and a physician practising rational medicine (as distinct from witchcraft and faith healing). At some point the two will be involved in a one-on-one encounter when the doctor says, like Plato's physician, 'take off your shirt and let me have a look at your chest'. Similarly, there comes a moment when the expert healer (in contrast to a concerned family member or friend) will have to answer the pivotal questions: 'What is the matter with me?' and 'Can you do something?'

Owing to the circumstances surrounding the association between doctors and patients, some frustration with individual physicians, and with the medical profession in general, is almost inescapable. Resentment may simply reflect the dislike of the weak for the strong, the ignorant for the knowledgeable and the horizontal for the vertical. In this lop-sided relationship, everything pertaining to the doctor is liable to be subjected to critical analysis and comment. If he dresses well or clips his mustache, he is a fop. If his cuffs are frayed or his shoes scuffed, his medical skills, like his clothes, are obviously of poor quality. If he speaks well, he comes from a privileged background and cannot possibly understand the sufferings of ordinary folk. If his accent or syntax are less than impeccable, he is a continental fly-by-night whose credentials are suspect.

When the patient suffers from an incurable disease, frustration may turn into hostility, with the doctor being blamed for the deplorable outcome. However, this discontent, which ranges from mild irritation to extreme animosity, tends to be expressed (if it is expressed at all) to family members, friends, doctors' receptionists, hospital clerks and nurses, with relatively few overt doctor-patient confrontations. The threat of litigation rarely becomes a reality in fiction. Occasional clues appear on how resentment and confrontational situations might have been averted. This book brings together a number of scenarios illustrating unsatisfactory doctor-patient encounters. Most of them come from twentieth-century fiction and almost all represent the point of view of the patients.

This book is not about the resolution of 'issues'. It is not a 'mission statement' concerning ideal medical practice. It does not provide a historical account of fashions in the doctor's clothing, his mode of transportation or whether he is paid in francs or dollars. On the contrary, it will be shown that changes in fashion or currency make little difference to the patient's satisfaction or discontent.

No conscious attempt is made to bring about changes in medical behavior. Unanswerable questions like whether works of fiction create or reflect attitudes have been ignored. The book avoids problems of nomenclature such as the use of the word 'patient'. Such petty issues, which seem to bother health administrators, do not worry physicians, sick people or writers. The use of the male gender reflects the fact that for centuries 'doctor' like 'soldier' implied a male person and a separate chapter in Book IV has been devoted to the female physician in literature. No attempt has been made to determine what proportion of fictional characters in a particular period declare themselves satisfied with their medical attendants.

The book brings together, in citations and quotations from fictional literature, the opinions of multiple authors, as expressed through their characters, of
various aspects of interactions between doctors and patients. Where such perceptions differ from what happens in the real world, the differences are pointed out.

The 11 chapters describe various aspects of doctor–patient interactions. Chapter 1 discusses the ancient problem of the fee, which in recent times has been partially replaced by what health maintenance organizations will or will not cover (see Book II, Chapter 4). Chapter 2 covers the irreconcilable problems of time as seen from the patient’s and the doctor’s point of view. The behavior pattern of physicians towards their fictional patients, ‘The bedside manner’, is discussed in Chapter 3. History and physical examination, as perceived by patients, form the basis of Chapter 4, while Chapter 5 covers the debriefing process. Treatment is described in Chapter 6 but no attempt is made to provide detailed accounts of therapeutic fashions at different historical periods. Bloodletting in the eighteenth century, bloodletting in the nineteenth, and antibiotics in the twentieth were all used by experienced physicians under the supposition that they might or would benefit the patient and in response to the request that the doctor ‘do something’. The fact that some of the older treatment modalities are now known to be useless or even harmful is treated as irrelevant. The obsolescence of some ‘modern’ investigations and the demonstration that therapeutic measures in recent use may not be efficacious or safe does not turn doctors practicing in the 1990s into charlatans.

Chapter 7 discusses the emotional barrier between doctors and patients, inherent in the practice of medicine. Chapter 8 lists some fictional characters, who decide, from their own experiences, that the entire discipline of medicine is a refined form of torture. A significant part of that chapter is devoted to three novels, Malègue’s Augustin, ou, Le maître est là, Ellis’ The Rack, and William Wharton’s Dad, all of which appear to draw that conclusion. ‘The ward round in literature’ forms the subject of Chapter 9. Remarkably, there appear to be almost no previous analyses of the subject. Chapter 10 is an attempt to analyze some of the factors that cause silent resentment to turn into an open doctor–patient confrontation. It is argued that despite statements to the contrary, the relative social status of the parties is a major factor in the doctor–patient relationship and that the problems of a physician taking care of rich and powerful patients are different from those of a prosperous doctor treating members of the ‘lower orders’. Chapter 11 discusses the ultimate expression of patient dissatisfaction (short of physical violence) – litigation against a former medical attendant. Malpractice suits are relatively rare in fictional literature, possibly because they have little to do with the realities of medical practice.

There is obviously some overlap between the subject matter discussed in the 11 chapters. Resentment over an exorbitant fee (Chapter 1) is likely to encompass a time element (Chapter 2). The divisions between ‘The bedside manner’ (Chapter 3), ‘History and physical examination’ (Chapter 4), ‘Explanations’ (Chapter 5) and ‘Detachement’ (Chapter 7) are, to some extent, arbitrary, so that the descriptions of particular events (such as Judge Clane’s experiences at the Johns Hopkins Hospital) appear in several chapters. However, despite their arbitrariness, these divisions make a vast topic more manageable. Hopefully, the subject and author indices will ensure that quotations and scenarios relating to particular topics are easily located.
Some of the material was first presented at the Annual Meeting of the American College of Physicians, New Orleans, April 1991. Parts were subsequently published as a series of papers in the Journal of the Royal Society of Medicine, London, 1992–4, in the Australian and New Zealand Journal of Surgery, 1996, and in the Medical Journal of Australia, 1997. They are here reproduced with the permission of the editors and publishers of these journals.

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