

CORRESPONDENCE

Literature and history in medicine

SIR—I agree with Horton (March 22, p 872)¹ and Biddiss (March 22, p 974)² that medical students and doctors of all grades would benefit from a knowledge of medical history. CP Snow characterised art and science as the two cultures, but it seems to me that medicine has also divided into two cultures. In one, there is “a constant emphasis of novelty”³ and a stampede to get published, since this is the only way of gaining credit with the university or points towards a distinction award. The other is represented by what, for want of a better term, I will call the art of medicine which is necessary “to transcend mere training”⁴ and to enable doctors to fulfil their responsibility to society in general.

Presumably no-one will endorse Horton's provisional canon in its entirety; my objection is that it is too scientific, and I would suggest replacing two of the articles with Francis Peabody's “The care of the patient”⁵ and “The soul of the clinic”.⁴ In the former, Peabody suggests that what was wrong with medical education 70 years ago was that physicians were being trained to treat acute illness, not to look after patients with chronic diseases. His prescription would surely be relevant to today's doctors looking after asthma, hypertension, diabetes, and AIDS. Certainly it would be more relevant and might make medicine less mechanistic than an article on whole-genome random sequencing and assembly of *Haemophilus influenzae*, ground breaking and distinguished though this article is.

In the “Soul of the clinic”, Peabody suggests that the main function of a department of medicine is “to teach students those things which would enable them to practice the best contemporary medicine and will give them a foundation on which to superimpose the advances that will come during their professional life”. Could the General Medical Council's report “Tomorrow's doctors” have expressed it any better? Where Peabody parts company with the General Medical Council is by tackling the thorny question of how one chooses the best teachers. “In recent years”, he writes, “the selection of professors of clinical medicine has been more and more influenced by laymen and by

professors of non-clinical subjects . . . ‘Clinical experience’, is apt to be put last among the specifications”. He ends by saying that capacity for high-grade research is so rare that it is almost impossible to find it combined with the other qualities needed in a professor of medicine. For anyone who has not read these stimulating articles I hope these snippets will suggest that they should be included in the canon. Lest anyone think that I am knocking research, I would also suggest that any young (or even old) researcher should read Fuller Albright's do's and do-nots in clinical investigation.⁵ Readers will get a flavour of the humour and commonsense of the article from the following:

Do no 3: Do be ambitious. Ambition breeds energy. Clinical investigation requires sweat, if not blood and tears!

Do-not no 2: Do not be too ambitious. Too-much ambition breeds jealousy; jealousy breeds unhappiness. At any one time, credit seldom goes where credit is due. When the partition of credit leaves our over-ambitious colleague on the short end, he boils.⁵

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- 1 Horton R. A manifesto for reading medicine. *Lancet* 1997; 349: 872-74.
- 2 Biddiss M. Tomorrow's doctors and the study of the past. *Lancet* 1997; 349: 874-76.
- 3 Peabody FW. The care of the patient. *JAMA* 1927; 88: 877-82.
- 4 Peabody FW. The soul of the clinic. *JAMA* 1928; 90: 1193-97.
- 5 Fuller Albright. Some of the “Do's” and “Do-nots” in clinical investigation. *J Clin Invest* 1944; 23: 921-26.

SIR—*The Lancet* is to be commended on the attention and erudite comment it has devoted to literature and the humanities in general in the past year or so. Now your editor, Richard Horton,¹ gives his selection for what he signals as a “core canon of medical literature”. I could, and others certainly will, take him to task for his idiosyncratic selection, and indeed he anticipates such challenge. My purpose, however, in joining the anticipated fray is not to argue on the particular—his list will be at least as good and probably better than mine and we would have much in common—

but rather to chide him for failing to give voice to the ethos recently espoused and championed by *The Lancet*—namely, the relevance of the canon of general literature in the making of a doctor. One is put in mind particularly of the exemplary papers by Faith McLellan.^{2,3}

How better than through the assimilation of what I will broadly call the classics can the developing doctor (or the developed doctor in search of a lost identity) begin to feel and come to understand the suffering, humour, and compassion that constitutes the human condition? The drama of life depicted from an alien perspective—that of the patient—can assault the complacency and assuage the arrogance that sadly often erodes the caring ethos, so essential an ingredient in the sum of parts that eventually constitutes the physician. Again the composition of this canon is not the primary issue. Rather, it is the principle that matters—namely, that the world of expression as enshrined in literature (and the humanities as a whole) has a place in the medical curriculum. Whatever the selection, the entrée will lead to exploration. For some it may be Proust or Chekhov. In my case it was Beckett who dragged me back from the brink.⁴

So what do I have to say to Horton? First, I congratulate him and his supportive editorial team for not only stirring debate in this important area but also for lighting beacons for medical education. All I would ask is that he follows his first article with a companion canon embracing the principle to which I have alluded and which we both espouse.

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- 1 Horton R. A manifesto for reading medicine. *Lancet* 1997; 349: 872-74.
- 2 McLellan MF. Literature and medicine: some major works. *Lancet* 1996; 348: 1014-16.
- 3 McLellan MF. Literature and medicine: physician-writers. *Lancet* 1997; 349: 564-67.
- 4 O'Brien E. Samuel Beckett et le poids de la compassion. Translated by Edith Fournier. *Critique* 1990; 66: 641-53.

SIR—Horton¹ writes about the transition from the age of experience to an age of experiment. All branches of medicine have no doubt benefited from increasing methodological