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Edwin Stieve
Nova Southeastern University

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About the Author

Ed Stieve, Ph.D., is associate professor at the Farquhar College of Arts and Sciences and a registered nurse. He has interests in the medical humanities, interdisciplinary studies, and has served as a collaborative pianist with vocalists in the college's Division of Performing and Visual Arts, through which he recently presented a lecture on the Spanish composer Federico Mompou. His publications include *A History: Jackson Memorial Hospital School of Nursing 1920–1997*. He was a recipient of an NEH Summer Seminar and Institute at the Hershey Medical Center, Pennsylvania State University College of Medicine, 2002.

The Medical Essay as an Invitation for Interdisciplinary Exploration

by **Ed Stieve**

The tradition of the medical essay, both as a professional case history and a personal narrative about illness, dates to ancient times (Pitts, 1997, p. 548). Physicians especially have used the case history as a record of evaluation, diagnosis, and treatment. When writers include background details about the patient in addition to medical information, a story unfolds. Medical narrative may include details of a patient's case history but typically has a wider focus incorporating personal, social, and historical details. It may even explore linguistic elements such as the role of language in knowledge about and emotional reactions to disease (Pitts, 1997, 549) or philosophical questions about the ethics of treatment or the aesthetics of the body. As a story, the medical essay often raises philosophical, historical, literary, and cultural questions, thus inviting exploration across disciplines.

In *The Doctor Stories*, a collection of medical essays about medical students and medical practice, and about patients and their stories, Richard Selzer reconstructs the story of Imelda, one of many Honduran children treated by medical volunteers. Selzer bases "Imelda" on his experience as a medical student asked to accompany a professor, Dr. Hugh Franciscus, and other medical staff on a Honduran medical mission. His role, assigned by Dr. Franciscus, includes translating from Spanish to English and photographing patients before and after their surgeries. The mission to Comayagua, Honduras, provided corrective surgery for conditions known as cleft palate (palatoschisis) and cleft lip (cheiloschisis) among indigenous children who would not otherwise have access to these surgical procedures. During medical missions, physicians, nurses, and other healthcare workers suspend several weeks of regular practice in the U.S. to offer their skills in foreign countries where medical specialties and sometimes even basic medical care do not exist. In the case of missions designed to correct congenital facial deformities like cleft palate

and cleft lip, in most cases the results provide children with more normal facial features, and, as a result, greater confidence and self esteem.

“Imelda” recounts Selzer’s personal experience in observing and recording both in words and on film, the journey of a young Honduran girl through surgery to repair her profound case of cleft palate and lip. Early in Imelda’s story, we learn through Selzer that Dr. Franciscus, known as a rather austere professor of surgery, has invited Selzer and other medical students to accompany him and other professional medical staff both to learn the practice of surgery and to model medical service. However, we cannot miss Selzer’s description of Franciscus as the stereotypically arrogant surgeon: “Dr. Franciscus was the archetype of the professor of surgery—tall, vigorous, muscular, as precise in his technique as he was impeccable in his dress” (“Imelda,” 1999, p. 83). According to Selzer, Franciscus also had enemies, “. . . who said he was arrogant, that he exalted activity for its own sake. Perhaps. But perhaps it was no more than the honesty of one who knows his own worth” (“Imelda,” 1999, p. 83). As readers, we see this duality in Franciscus emerge. He is at once highly competent and arrogant, and, as we discover later, a compassionate practitioner.

As the story continues, Imelda arrives with her mother the day before her surgery. Selzer describes the child’s embarrassment and fear during her pre-surgical examination. She covers her face with a cloth, which she refuses at first to remove even when Dr. Franciscus asks her to remove it. When she refuses a second time, Franciscus “pulls it away with a hard jerk” (“Imelda,” 1999, p. 88). The act of defiance and the surgeon’s stern, seemingly hostile reaction displays what the narrator describes quite unexpectedly as “awe.” The surgeon, usually staid and expressionless, cannot hide his surprise at the child’s defiance. Selzer writes, “I could see [a sense of awe] flit across [Franciscus’] face for an instant” (“Imelda,” 1999, p. 89).

Occasionally, as happens in surgery, complications arise. In Imelda’s case, which at first seems routine, she reacts negatively to the anesthesia and dies before the surgeon can even begin facial repair. While the medical staff prepares Imelda for surgery, as Selzer tells us, she experiences a rare condition known as malignant hyperthermia. This condition most often occurs in patients with a genetic predisposition to anesthetic gases. The patient develops extreme elevations in blood pressure and temperature (“Malignant Hyperthermia,” 2010). The antidote, dantrolene sodium, was not available in Imelda’s case, as it had not yet been discovered as a treatment for this often fatal condition. Selzer describes the tense moments in the makeshift operating room at Comayagua when the anesthesiologist announces, “Something’s wrong. I’m not sure. God, she’s hot as a pistol. Blood pressure is way up. Pulse one eighty” (“Imelda,” 1999, p. 90). Despite their efforts, the physicians and nurses cannot revive Imelda.

After her death, Dr. Franciscus meets with the mother to describe what has happened. Selzer translates as Franciscus explains. Franciscus’ description, however, does not mention details of the surgery chronologically, and especially the fact that Imelda had died even before the surgery had begun. Imelda’s mother does not ask to see her daughter’s body immediately. She tells Franciscus that her sons will come for Imelda the next day. When the mother returns with her sons, she finally sees her daughter’s body, and especially her face. She tells the narrator; “The doctor is one of the angels. He has finished the work of God. My daughter is beautiful”

(“Imelda,” 1999, p. 93). The narrator reveals his astonishment: “What could she mean! The lip had not been fixed. The girl has died before he would have done it” (“Imelda,” 1999, p. 93).

We learn that Franciscus had worked secretly during the night in the hospital’s morgue to repair the girl’s facial deformities before he released her body to the mother. In his persona as medical student, Selzer tells us, Franciscus had not repaired the cleft palate and lip *post mortem* “. . . for her. The dire necessity was his. He apparently could not accept that Imelda had died before he could repair her lip” (“Imelda,” 1999, p. 93). When the grieving mother sees the body of her child, as Selzer describes it, she appears gratified that her daughter will now “live with the angels,” whole and unblemished because the doctor has restored her face. In fact, she calls Franciscus himself “one of the angels” because his skill has restored her child’s face (“Imelda,” 1999, p. 93).

In recounting Imelda’s story, the narrator further explores human reactions after the medical mission returns to the medical school in upstate New York six weeks afterwards. In an auditorium crowded with medical students and staff, Dr. Franciscus gives a lecture that displays before-and-after photos of the Honduran children, which Selzer has taken and carefully placed in a slide tray for Franciscus. Near the end of the lecture, a slide with an image of Imelda’s repaired face appears. Selzer, who operates the slide projector for Franciscus, reveals his astonishment since he hadn’t taken a photo of Imelda. In the narrator’s words,

And suddenly there she was, extracted from the shadows, suspended above and beyond all of us like a resurrection. There was the oval face, the long black hair unbraided, the tiny gold loops in her ears. And that luminous gnawed mouth. The whole of her life seemed to have been summed up in this photograph. A long silence followed that was the surgeon’s alone to break. Almost at once, like the anesthetist in the operating room in Comayagua, I knew that something was wrong. It was not that the man would not speak as that he could not.” (“Imelda,” 1999, p. 96).

Selzer wonders if Franciscus has included the slide among the others by mistake, so he quickly moves to the next. Franciscus does not comment on the slide, but he does pause. Then, “[a]t last [Franciscus] spoke. ‘Imelda.’ It was the one word he had heard her say. At the sound of his voice I removed the next slide from the projector. Click . . . and she was gone” (“Imelda,” 1999, p. 96). Selzer later speculates that Franciscus had taken this *post mortem* photo himself, and, more curious to Selzer, that Franciscus had deliberately chosen to include the slide among those used in the presentation, perhaps as a memorial to Imelda or perhaps because even death could not rob this arrogant surgeon from carrying out his craft. As Franciscus continues his lecture, he briefly glances in Selzer’s direction: “. . . on [Franciscus’] face an expression that I have given up trying to interpret. Gratitude? Sorrow? It made me think of the gaze of the girl [Imelda] when at last she understood that she must hand over to him the evidence of her body” (“Imelda,” 1999, p. 96). Throughout the narrative, Selzer’s commentary reveals not only details of the patient’s surgical case and her story, but also the questions that her story poses about the interaction between doctor and patient, between Selzer the student and Franciscus the teacher, and between Franciscus the arrogant surgeon and Franciscus the emotional human.

Although Imelda dies, like the stories of many children touched by the expertise of medical professionals on a mission to a developing nation, her story asks for, if not demands,

interpretation. Selzer's narrative, more than simply a surgical case description, invites exploration between the intersections of medical practice and the humane disciplines, the humanities, and its tools for interpreting human experience. While medical discussions may focus on the technical problems of Imelda's demise, humanists may explore the broader contours of the ethical, social, psychological, and literary aspects in Imelda's story, which Selzer provides in this intriguing account. Specific, even unanswered questions that arise in this story matter as much as the ongoing dialogue they create among medical practitioners and humanists. The dialogue may not provide conclusive answers, but it can provide new ways of thinking about patients and their stories. In Selzer's case, the story surrounding Imelda's journey through surgery embellishes the technical aspects of the surgery with commentary about the surgeon, Dr. Franciscus, his patient Imelda and her mother, and the medical student-narrator and photographer, Richard Selzer. Imelda's story thus invites readers to explore the experiences of practitioners and patients from various disciplinary perspectives.

Selzer documents various human reactions to Imelda's demise making this story more than just a technical, clinical tale. Dr. Franciscus performs the surgery *post mortem* possibly for Imelda's mother, who believes that her death occurred following successful surgery. She can gaze at the child's body after death as having been made whole, even restored, in her view at least, to perfection. However, as we have seen, Franciscus may have had more selfish reasons for carrying out this task. Franciscus, in a sense, creates a so-called "Harvard death"—the surgery was a success, but the patient died. In Imelda's case, Franciscus has made the technical aspects of surgery a success. The narrative, framed by Selzer's persona as medical student, allows us to question the motives of Franciscus in more detail: Is he truly in "awe" as he sternly yanks the cloth from Imelda's frightened face, eager to see yet another face that he can use to practice his craft, or, is he simply arrogant, a master surgeon towering above both patients and students as he refuses to acknowledge weakness and timidity? Does he repair the child's face because of his arrogance? Does he repair the face in the hospital's morgue during the night because he wants Imelda's mother to have the satisfaction of knowing that her daughter has now become "whole and unblemished," as she says? Or, has Franciscus repaired her face for other, more personal, even selfish reasons? As Selzer describes it, "[i]t had seemed to me then to have been the act of someone demented, or at least insanely arrogant" ("Imelda," 1999, p. 93). To readers, the larger narrative, added to Selzer's personal account, seems more complex.

The story of "Imelda" and other medical essays thus invite discussions and interpretations from various perspectives in the humanities. In what follows, I show how several disciplines, including philosophy, literary studies, history, cultural studies, and medical practice, might explore "Imelda" in ways that cross disciplinary boundaries. Relevant passages from the story demonstrate some of these perspectives and the related questions they pose. Answers to these questions might emerge in dialogue or in further inquiry, research, and writing.

Philosophy:

Ethics:

There are events in a doctor's life that seem to mark the boundary between youth and age, seeing and perceiving. Like certain dreams, they illuminate a whole lifetime of past behavior. After such an event, a doctor is not the same as he was before. It had seemed to me then to have been the act of someone demented, or at least insanely arrogant. An attempt to reorder events. Her

death had come to him out of order. It should have come after the lip had been repaired, not before. He could have told the mother that, no, the lip had not been fixed. But he did not. He said nothing. It had been an act of omission” (“Imelda,” 1999, p. 93)

Revealing the post-surgical status of the patient to family and significant others has traditionally been the surgeon’s task, but which details should the surgeon reveal and should he or she reveal events in the order that transpired during treatment? These questions present a range of ethical issues. In the case of Imelda, the surgeon repaired her cleft lip and palate after she died, a situation that raises additional ethical questions.

Aesthetics: What qualities define human beauty and perfection? What defines ugliness and beauty in the human form? What role does medicine play in creating the “perfect” body? What does it mean to be technically perfect? This question arises naturally from the text and demonstrates the kinds of questions that humanists may pose and attempt to answer.

Literary Studies:

The Personal Narrative: At the opening of “Imelda,” Selzer the narrator writes, I heard the other day that Hugh Franciscus had died. I knew him once. He was the Chief of Plastic Surgery when I was a medical student at Albany Medical College. Dr. Franciscus was the archetype of the professor of surgery—tall, vigorous, muscular, as precise in his technique as he was impeccable in his dress. Each day a clean lab coat monkishly starched, that sort of thing. I doubt that he ever read books. One book only, that of the human body, took the place of all others. He never raised his eyes from it. He read it like a printed page” (“Imelda,” 1999, p. 83)

As in all stories, the narrator may or may not reveal his or her personal reactions to the characters. In this case, the narrator, the young medical student, reveals his impressions of the protagonist, Dr. Hugh Franciscus, in physical and psychological terms. He speculates on Franciscus’ personal life. He likely wasn’t the kind of man who read books in his spare time. Instead, he spent what spare time he had reading and likely contemplating the body “like a printed page” (“Imelda,” 1999, p. 83). How does one write about the personal past? What details does one include in a story and what details can be omitted in ways that serve the plot? “Imelda” raises questions about the relationship between personal narrative and professional practices in medicine, thus suggesting ways that writers can incorporate personal experiences of their characters with the details of their medical case.

Another intersection between the humanities and medicine, as seen in Selzer’s “Imelda,” involves ways in which both medical professionals and literary scholars read. Physicians like Professor Franciscus and physicians-in-training like the narrator, examine, record (in this case, photograph), and analyze the medical conditions of patients they see. They read the body as a literary scholar might read a text, mining it for nuances, defects and possibilities. As Michel Foucault describes this act and the clinical events surrounding it, “[t]he clinic—constantly praised for its empiricism, the modesty of its attention, and the care with which it silently lets things surface to the observing gaze without disturbing them with discourse—owes its real importance to the fact that it is a reorganization in depth, not only of medical discourse, but of

the very possibility of a discourse about disease” (xix). The medical essay explores, in its own way, the possibilities of discourse about disease.

Researchers like Howard Brody (2003) understand patients’ stories as forming a crucial intersection between medicine and disciplines in the humanities such as literature. Patients tell their stories and doctors listen and interpret, exploring gaps, often searching for details in patients’ stories as physicians diagnose illness in much the same way as literary critics explore and question the texts they encounter, mining them for nuanced details. Medical practitioners can benefit from these interpretive approaches as they explore the meaning of patients’ stories about their lives and the illnesses that occur from time to time.

History:

History of Medicine:

Six weeks later I was in the darkened amphitheater of the Medical School. Tiers of seats rose in a semicircle above the small stage where Hugh Franciscus stood presenting the case material he had encountered in Honduras. It was the highlight of the year. The hall was filled. The night before he had arranged the slides in the order in which they were to be shown. I was at the controls of the slide projector.” (“Imelda,” 1999, p. 95)

Although the technology used for grand rounds (presenting clinical cases to health professionals) has changed since Selzer attended medical school, the clinical lecture retains a central place in medical education today. The lecture hall, with its tiered rows, looks much as it has for centuries. Today, however, presenters often use PowerPoint®, online sources, and other multi-modal technologies in place of slides and projectors.

Cultural Studies:

Latin American Culture: Cultural Barriers and Misunderstandings:

The people were mestizos, of mixed Spanish and Indian blood. They had flat, broad, dumb museum feet. At first they seemed to me indistinguishable the one from the other, without animation. All the vitality, the hidden sexuality, was in their black hair. (“Imelda,” 1999, p. 86)

More often today than fifty years ago when Selzer attended medical school, medical students spend time learning to become more culturally sensitive in their practice as a way of learning more about patients’ medical conditions. In this story, the narrator’s apparent cultural bias can serve as an opportunity to talk about cultural misunderstanding in aspiring medical practitioners.

Linguistic Barriers in the Practice of Medicine:

It all began on Ward Rounds. Dr. Franciscus was demonstrating a cross-leg flap graft he had constructed to cover a large fleshy defect in the leg of a merchant seaman who had injured himself in a fall. The man was from Spain and spoke no English. (“Imelda,” 1999, p. 84)

Increasingly, medical practitioners must find effective ways of communicating with patients whose native language is not their own. Medical narratives like “Imelda” demonstrate some of

the frustrations medical practitioners face in communicating with patients who come from different cultures and speak different languages. Medical narrative can also reveal patients' frustrations with doctors and nurses who do not speak the same languages as their patients do, both in the sense of foreign language and medical language.

Medical Practice:

The Doctor-Patient Relationship: “‘Señora,’ he began, ‘I am sorry.’ All at once he seemed to me shorter than he was, scarcely taller than she” (“Imelda,” 1999, p. 91). As one can imagine, announcing the death of a family member can cause distress not only for loved ones, but also for medical practitioners. How best to inform the family and what words to use are prime questions that practitioners face. Accounts of life and death discussions in medical essays provide potential models for discussing these topics with patients and families in clinical settings.

The Medical Apprentice: Medical Students, Residents and the Attending Physician:

To us medical students [Dr. Hugh Franciscus] was someone heroic, someone made up of several gods, beheld at a distance, and always from a lesser height. If he had grown accustomed to miracles, we had not. He had no close friends on the staff. (“Imelda,” 1999, p. 84)

Some may see in this story a model of a father-son dyad; Franciscus, the father physician, teaching the Selzer, the medical student son. Traditionally, since ancient times, learning to practice medicine has been both hierarchical and familial. In teaching hospitals and clinics, the attending physician interacts directly with residents by asking questions about patients' cases. The residents, in turn, question medical students about assigned cases. In the strict chain-of-command, attending physicians, at the top of the ladder, may appear god-like both in demeanor and knowledge. Essays like “Imelda” can provide aspiring medical students as well as practicing physicians with an invitation to talk about professional relationships in learning both the art and science of medical practice. The traditional relationships between the white, male medical student and the older, white, male medical faculty member have changed, especially since women, members of many minorities, and older students have in recent times become an integral part of medical education and practice. Comparing the dynamics of relationships among medical staff members in “Imelda” with changing roles in medical practice today provides medical students with new ways to understand traditional roles in medicine.

Conclusion

For medical practitioners, active dialogue between medicine and the humanities promotes new ways of understanding health and disease and new ways of understanding how patients experience illness on a personal level. In reading medical essays, disciplines in the humanities benefit by gaining new material for exploring enduring questions about human nature. According to Wachtler, et al. (2006), “[a] critical awareness, examination and discussion of the power differentials that can arise during this process [of understanding the relationships between medicine and the humanities] would help create more equal ‘meeting places’ for the humanities and medicine” (n.p.) Courses in the medical humanities such as “Literature and Medicine” and “Biomedical Ethics” now regularly appear in premedical and medical school curricula. However, since ancient times, disciplines like literature, philosophy and history that make up the humanities today have played a central role in medical education. During the Middle Ages in the

West, for example, rhetoric played a central role in the education of physicians. According to Porter (2002), “[a]fter seven years spent attending lectures and engaging in disputations [in other words, learning rhetoric] and oral examinations, a student could graduate as a qualified physician” (p. 34). Over the centuries, and especially since the nineteenth century onwards, the sciences have played an increasingly important role in medical education. Most recently, technical and scientific achievements such as gene therapy and organ transplantation have assumed a highly visible place in medical practice. Partly in response to increased demand for interpreting the impact of technology on patients, many medical schools now offer students more courses in the humanities as a means for framing the questions that new technologies raise.

Traditionally conceived of as humane disciplines applied to medicine, the medical humanities can serve as a crossroads where medicine and the humanities invite reflection on some of the difficult situations and questions posed by medical stories. As medicine reads the body, disciplines in the humanities read the human condition using various tools such as literary or historical analysis. Using its own set of tools, medicine observes and provides remedies for various human conditions and diseases. The humanities, in a broad sense, engage participants in discussions concerning the human condition in all of its social, philosophical, historical, and literary contexts. As a writer, Richard Selzer sees himself as combining the crafts of surgery and writing: “. . . the subject of my writing has so often been my work as a doctor. To render these events into story and essay I have made use of the diagnostic process” (*Down*, p. 251).

Rodning and Williams (1998) describe the potential of joint dialogues between the humane disciplines and medicine in this way:

Humanities denotes an attitude, a doctrine, or a way of life centered on human interests and values, especially a philosophy that asserts the dignity and worth of humankind and a capacity for self-realization by the application of reason and rationality. This capacity for self-realization occurs within interdependent cultural spheres of influence and interests, including artistic, economic, ethical, moral, historical, legal, literary, medical, philosophical, political, psychological, recreational, religious, and sociological.“ (para. 2)

As we have noted, medical practitioners learn early in their medical education to rely on and explore scientific inquiry in understanding illness. However, as Rodning and Williams (1998) further argue, “[t]he fact that nonscientific variables may influence the content of the patient-physician relationship and may occasionally even supersede the ultimate therapeutic result poses a conundrum” (para. 5). This conundrum serves, in fact, as one of the intriguing intersections between medical practice and the humanities. These conundrums raise questions worth exploring using the tools of literary, philosophical, and historical investigations in mining for answers.

Disciplines in the humanities offer a number of models for medical practitioners to explore relationships between the humanities and medicine. In recent years, scholars like Howard Brody (2003) and Rita Charon (2002) have examined ways in which medical students can benefit from knowing more about the concept of narrative as a way of understanding both medical practice and the patients they serve. Each patient has a story to tell; each patient’s body itself reveals a story. Brody (2003) and others have explored the uses of narrative in medical ethics, and Charon

(2002) and others emphasize the role of narrative in interpreting both ethical questions in medical practice and the doctor-patient relationship.

Stories about the practice of medicine can heighten practitioners' understanding of patients and their stories, but they can also serve as a model for understanding the connections between medicine and the humanities. Medical and nursing practices are bound by a variety of legal, ethical, social, personal and intellectual obligations. Licensed practitioners must adhere to established standards in medical communities, often referred to as scope of practice. Narratives about medicine can break down some of the barriers in medical practice and encourage dialogue beyond a practitioner's scope of practice, thus encouraging greater understanding among medical professionals. For example, narratives about medicine can show physicians and nurses how medical practice differs from nursing practice and how patients respond in different ways to the work of doctors and nurses.

In the story of Imelda, Selzer's camera records the stories of patients and some of the medical techniques used to repair congenital deformities. Interestingly, the only picture taken by Dr. Franciscus is of Imelda. What's the significance of that? However, the camera, like the other technical features of the story, fails to interpret the human experience seen through its lens. In order for the human(e) aspects of Imelda's story to come into full view, Selzer, the medical student and photographer, must transform himself into the writer who explores the human aspects of the story, which include social and ethical questions.

According to physician and writer Abraham Verghese (n.d.), "[a]s physicians, we become involved in the stories of our patients' lives, sometimes as witnesses telling the story through a medical chart. At other times, we become players in the story" (n.p.). Generally, Verghese also believes, ". . . the humanities creatively use the performing and visual arts and literature to address such varied topics as death and dying, pain, aging, diverse cultures, patient narratives, spirituality and medical ethics." Commenting on his own work as a writer, Richard Selzer (1990) states, "[a] doctor/writer is especially blessed in that he walks about all day in the middle of a short story." Selzer's story "Imelda" transforms medical experience into a medical essay—a short story with a medical theme. Some literary scholars may find the topics and language of Selzer's essays as overwritten or even disturbing, but by his own admission and in his words, "I have used both humor and the grotesque as instruments of illumination, and recognize in myself both the aghast, lidless witness to horror and the storyteller bent on captivating the reader" (*Doctor*, p. 15). He goes on to admit, "[n]ot a single thought of social purpose or morality crossed my mind in writing of these pieces. They were meant to be told for their own sake" (*Doctor*, p. 15). Nevertheless, we are drawn into the complexities of patients' lives and stories by the very words that Selzer uses to describe them. We cannot escape social, moral and other questions Selzer poses even though "social purpose" and "morality" have not, as he says, "crossed my mind" while writing. Although he may tell stories for the sake of storytelling, they invite interpretation from a variety of perspectives.

Richard Selzer's often anthologized narrative accounts of medical practice thus raise numerous social and ethical questions about the practice of medicine. His story "Imelda" and others like it provide a model of potentially interactive moments between medicine and the humanities. These stories invite medical practitioners, patients, and humanists alike to understand humanity, health,

and illness in new ways.

References

- Belling, C. (Fall 1999). "Ethics and literature: The doctor stories." [Review of the book *The Doctor Stories* by Richard Selzer]. Institute for Medicine in Contemporary Society. State University of New York, Stony Brook. Retrieved from http://www.lahey.org/NewsPubs/Publications/Ethics/JournalFall1999/Journal_Fall1999_Humanities.asp
- Brody, H. (2003). *Stories of sickness*. (5th ed.). New York, NY: Oxford University Press.
- Charon, R., & Montello, M. (2002). *Stories matter: The role of narrative in medical ethics*. New York, NY: Routledge.
- Ellis K.O., Castellion A.W., Honkomp L.J., Wessels F.L., Carpenter J.E., & Halliday R.P. (June 1973). Dantrolene, a direct acting skeletal muscle relaxant. *J Pharm Sci* 62 (6), 948–51.
- Foucault, M. *The birth of the clinic: An archaeology of medical perception* (1994). (A.M. Sheridan Smith, Trans.). New York, NY: Vintage.
- Malignant hyperthermia. (2010). Medline Plus: A service of the [U.S. National Library of Medicine, National Institutes of Health](http://www.nlm.nih.gov/medlineplus/ency/article/001315.htm). Retrieved from <http://www.nlm.nih.gov/medlineplus/ency/article/001315.htm>
- Pitts, M.E. (1997). Medical essay. In T. Chevalier (Ed.). *Encyclopedia of the essay* (pp.548-550). Chicago, IL: Fitzroy Dearborn Publ.
- Porter, R. (2002). *Blood and guts: A short history of medicine*. New York, NY: W.W. Norton.
- Rodning, C.B., & Williams, M.D. (28 April 1998). The humanities in medicine. Retrieved from <http://www.theharbinger.org/articles/word/rodning2.html>
- Selzer, R. (1992). *Down from Troy: A doctor comes of age*. NY: William Morrow.
- Selzer, R. (1999). Imelda. *The doctor stories* (pp. 83-97). New York: Picador.
- Selzer, R. (1999). *The doctor stories*. New York: Picador.
- Verghese, A. Q & A with Dr. Abraham Verghese. (n.d.) School of Medicine: UT Health Science Center. The Center for Medical Humanities & Ethics. Retrieved from <http://www.abrahamverghese.com/images/Sunday%20Times%20of%20India,%20Q-A%20with%20Dr%20Verghese.pdf>

Wachtler, C., Lundin, S. & Troein, M. (2006). Humanities for medical students? A qualitative study of a medical humanities curriculum in a medical school program. *BMC Med Educ.* 6 (16). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448176/>