

The Formation of a Physician

Internal Medicine: A Doctor's Stories

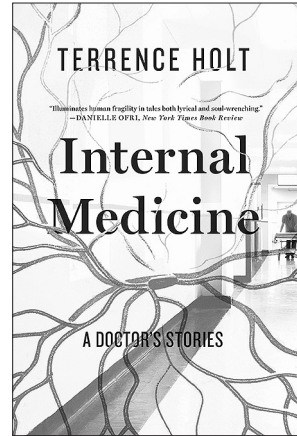
by Terrence Holt. New York: Liveright, 2014. Hardcover, 288 pp., \$24.95

Reviewed by Isabelle Meuret, Université Libre de Bruxelles, Belgium

Advances in science and steady progress in medicine have paradoxically led to remarkable technological developments in health care, but also to a dehumanizing process induced by the increasingly sophisticated mechanical and chemical treatment of patients. Life prospects have been extended, medication improved, suffering relieved, and yet a doctor's task remains a difficult balancing act between a careful experimentation with science and a tactful practice of the art of medicine. Humane qualities are required to handle human beings with care. Patients move about in cruel and inscrutable environments, hence the importance of their relationship with the medical staff whose empathy and guidance are paramount to understanding hospital life. Physicians are taught to lend a compassionate ear to those who suffer, yet rarely do we have a chance to listen to what a doctor has to say about his experience.

Terrence Holt, author of the acclaimed *In the Valley of Kings* (2009), is now telling stories in which his talents—as both a writer and a doctor—powerfully dovetail. In *Internal Medicine* Holt is “recreating experience as parable” in an effort to make sense of what is “not narratable” (2). Finding the words to express the overwhelming complexity of this extraordinary nerve center—the hospital—where ordinary people converge to give birth and, in this case, encounter death, is a daunting task. To convey meaning to the magnitude of that reality is impossible through journalism—patients “aren't facts” (4)—hence, Holt's little arrangements with that reality. He stipulates that the first-person narrator, the internal-medicine resident, is not exactly himself (these are indeed “a” doctor's stories); that his characters are not “based upon specific individuals” (4); and that they are composite personas. These honest admissions should make the reader aware that Holt may not have produced a piece of literary journalism—which probably was not his intention—albeit one based on true facts of life and death. Holt insists he wants “to give a truthful account of residency” (4). The stories only partly document that reality. For ethical reasons he will not expose the pain of his patients.

Although not pure nonfiction, *Internal Medicine* is of considerable interest in its exploration of “the process of becoming a doctor” (3). The transformative experience that diseases inevitably have on patients also has an impact on those whose job it is



to alleviate their sufferings. This is why Holt confesses he has “watched the narrator of these pieces evolve into someone else,” namely, Dr. Harper (4). “It is impossible for the physician,” French philosopher and physician Georges Canguilhem explains in *The Normal and the Pathological* (1991), “starting from the accounts of sick men, to understand the experience lived by the sick man, for what sick men express in ordinary concepts is not directly their experience but their interpretation of an experience for which they have been deprived of adequate concepts” (115). Indeed, Holt is striving to join the edges of knowledge and experience, stitching them up with sensitive yarns in the well-known tradition of Montaigne (learn to die, tame death). My concern, though, is that the abundance of aesthetic devices leads to a sublimation of, and possible estrangement from, the dying subjects who exist in the author’s reminisced images, rather than through their own words.

This should not obscure the fact that Holt gives precedence to the doctor-patient relationship in the nine heartrending stories that constitute *Internal Medicine*. Health-care providers are surrounded by high-tech devices and make use of a jargon arcane to the common reader, and one hopes this unwelcoming milieu of quantitative data does not deprive medical staff of their humanistic qualities. The brutality of some is unnerving, while compassion and integrity trigger others into action despite the vulnerability of patients and the inevitability of death. Parables teach a message, and Holt is honest in his rendition of the inner conflicts and dilemmas with which doctors struggle. The hospital becomes an Artaudian theatre of cruelty, where language becomes insufficient not because of the violence of the place but, rather, because of the powerlessness of learned minds before withering bodies. Arguing with a dying patient and keeping her alive until the next morning (“A Sign of Weakness”), issuing an irrevocable sentence to an amnesiac (“Giving Bad News”), finding the right words in the face of adversity (“Orphan”), or dealing with inconvenient truths and admitting one’s mistake (“When I Was Wrong”) are some of the quandaries presented in the harrowing stories of *Internal Medicine*.

Through the many chaotic situations Dr. Harper finds himself in, we get the measure of the grueling and exacting tasks at hand. Coming to terms with patients and colleagues to reach the right decisions, and overcoming one’s emotions—be they disgust, shame, fear, or anger—are unusual aspects from which Holt lifts the veil. He strikes a sensitive chord with readers by referring to the Kierkegaardian mask in two stories, “Sign of Weakness” and “The Surgical Mask,” and confirms his intent “to be faithful to the inner life of medicine” (5). While in the former story the patient is “unreachable,” determined to resist the doctor’s order, the mask is off, and we are presented with what a corpse truly is, “dead, a body, given over to gravity and decay” (27). In the latter case, the doctor concedes he “had learned not to remember faces” (171), but the mask only makes the horror more hauntingly visible. The painting offered by the dying woman becomes a precious conduit to sustain the doctor in a process of self-revelation. In accordance with Kierkegaard’s precepts, “it would resolve, and finally reveal that face now hidden in the undying darkness of the grave” (197). Transparent to himself, he will not deceive others and thereby reduce the disconnection between doctor and patient.

Literary references are many throughout the volume, as if Holt were obsessed with elevating the daily spectacle of hospital life to some transcendental experience, in an attempt to give meaning to and help us come to terms with the inescapable finiteness of our existences. While they do make sense in some stories—the Dostoyevskian “Grand Inquisitor” raises important questions about human suffering and doctors’ responsibilities; the “Orphan” introduces us to Ariel, a biblical and Shakespearean character; and the paintings of the woman behind “The Surgical Mask” are a throwback to Constable and Reynolds—others are disturbing. Feeling a doctor’s anger in “The Grand Inquisitor” provides an emotional release, as we realize that doctors may be fallible or even frauds. As for the “Orphan” story, Sylvia Plath’s “suicidal” *Ariel* comes to mind, knowing that the young patient Dr. Harper has to treat “was already dead” on admission. Eventually, she shares more similarities with the poet’s “Lady Lazarus.”

But conflating traumatic images of a saint-like patient, surrounded by a terrifying “halo”—“four large bolts . . . into the patient’s skull, gripping the head rigidly in place like a Christmas tree in its stand” (99)—casts a devastatingly harsh light on suffering. Holt does not spare us any detail, and I find the final tableau unnecessarily gruesome, unless we have to see “the patient’s hands quivering in the air fingers spread as if calling on the seas to part” (101) to really comprehend what *Internal Medicine* is about. Holt’s honesty does him great credit. Truth is often stranger than fiction, and obviously only a comprehensive representation of hospital reality can aspire to a glimmer of truth. Holt purports to unravel the mysteries that surround the hospital and to bring a qualitative appreciation of phenomena that are too often evaluated according to quantitative variations or numerical interpretations. Reading *Internal Medicine* is a humbling experience, an invitation to some soul-searching on the meaning of therapeutic treatment and on our mortality.

Particularly profound and illuminating is “Iron Maiden,” which takes the reader to uncharted territories, a psychiatric hospital as terrifying for interns as it is for ordinary mortals. The danger here lies in the fact that some are “capable of hiding, behind the fog and mirrors of madness, all manner of disease” (203). Deciding whether pathologies are physical or mental is a dilemma. But it is also a far cry from the decisions the medical staff need to take in some staggering situations. Attending to patients who either gorge on garbage or swallow needles, doctors wonder whether the problem might not be the body rather than the mind. “It’s the body that’s the problem,” says one doctor. “They feed it pain” (237). In other words, “[i]t *is* the body that makes us crazy: our inability to interpret our corporeality,” Holt writes. The revelations that our bodies do indeed matter and that a psychic self-mutilating patient is trying to “pin her own internal mystery” (241), are thought-provoking observations.

Holt’s *Internal Medicine* aims to introduce his readers to a world that is alternately extremely familiar and excruciatingly painful. Infused with anecdotes, either lived or reported by the author, the collection of stories illuminates the reality of hospitals and the fate of terminally ill patients. But most importantly, it reveals some essential truths about a doctor’s own apprehension of his vital duties as a medical practitioner. The author’s astute use of symbolism, his exceptional voice combining the factual jar-

gon of medicine with the emotion-induced language that transpires from his contacts with patients, the result of his immersion in hospital reality, might make *Internal Medicine* a good candidate for literary journalism. The detailed scene construction and the physically and psychologically elaborate characters substantiate this claim, the reader will find. But as previously said, such was not Holt's purpose—that is, to produce a journalistic piece. Both narrator and characters are indeed constructions. Holt's exquisite writing certainly prevails over reportorial accuracy; nevertheless, the reader is rewarded with copious truthful insights into the inner experience of *Internal Medicine*.
