

*Books, audiovisual programs, computer programs, and other material reviewed, briefly noted, or listed are selected by the Editor for their probable interest to readers of the journal. Not all items submitted for review are necessarily represented in this section.*

## Book Reviews, Notes, and Listings

### GENERAL INTERNAL MEDICINE

**Becoming a Doctor.** By Melvin Konner. 390 pages. Elisabeth Sifton Books/Viking, New York, 1987. \$19.95.

NOTING THAT writers have neglected the clinical years of medical school, anthropologist Konner now presents his participant-observer account of that critical phase. Konner's blunt but elegant and literate reportage from the "trenches" evokes comparison with military memoirs. But Konner has transformed his field notes into an odyssey rather than the history of a campaign. His sojourns among the heroes and grotesques of the third-year basic clerkship make up the bulk of the book. Brief descriptions of the basic science years, a summary of the fourth year, and final thoughts on the meaning of his experiences round out the story.

Konner paints a melancholy picture. He is primarily distressed by his clinician-teachers' detachment from their patients' real terrors and concerns. Even more troubling, Konner perceives that "this detachment is not just objective but downright negative." For the hapless medical student, struggling to learn what patient care really means, the result is a "feeling of complete moral abandonment in the face of a constant stream of new life-and-death experience." Others, notably sociologist Terry Mizrahi in "Getting Rid of Patients," have documented this detachment, but without Konner's ability to see it in human terms. Konner does honor the few faculty who connect with their patients. And not by accident his patients, even the most "difficult," emerge sympathetically. A striking proportion are "pretty" or "handsome;" many are heroic while the physicians around them posture or duck for cover.

He is unsparing of doctors, concluding: "I would not want my daughter or son to be one or to marry one." He is particularly harsh with internal medicine, commenting, "I would do anything in medicine, absolutely anything, before I would train as an internist." In his distress, Konner probes for reasons, deciding, at last, "To cut and puncture a person, to take his or her life in your hands . . . These and a thousand other things may require something stronger than objectivity. They may actually require a measure of dislike."

For all its raw moral power, *Becoming a Doctor* falls short in some ways. First, having chosen an exceptionally "high powered" school, Konner can hardly be surprised

that the craft (his term) of "good doctoring" was not at the top of this faculty's agenda, and a single school is, of course, not necessarily representative. Second, Konner, like most medical students, worked mainly in acute care hospitals, missing out on what to many is the quintessence of doctoring: deep, long-term relationships with office patients. Finally, as the author of an anthropological work that had earned him some prominence, Konner himself was hardly a typical student. How many medical students can, as he did, soothe the narcissistic wounds their clerkships inflict by rubbing elbows "with the great and near great of the strange world of publishing"? Indeed, in recounting his adventures in that world, Konner does a good deal of unnecessary anonymous name-dropping.

Anthropology has always shown us truths about ourselves that are stranger than fiction. Konner's brutally honest narrative is in that tradition, although Konner delivers his disturbing report more in sorrow than in anger, grieving especially because the present reality contrasts so starkly with our true potential for healing. Read *Becoming a Doctor*; be prepared to enjoy it and learn from it; but be prepared for the shock of recognition. (FRANK DAVIDOFF, M.D.; American College of Physicians, Philadelphia, Pennsylvania)

**The Body Silent.** By Robert F. Murphy. 231 pages. Henry Holt and Company, New York, 1987. \$17.95.

A CENTRAL task for all patients is to cope with how major illnesses or injuries change their status. Murphy, an anthropologist, first noticed muscle spasms in 1972 and was eventually diagnosed as having an ependymoma. He describes the gradual "deepening silence" of his body into nearly complete quadriplegia. Suspicious of religion and emotion, his well-established coping patterns are highly intellectual, disciplined, and independent. In the tradition of the participant-observer, *The Body Silent* moves from self-observation to the social anthropology of disability, the author's struggle against dissolution mirroring that of other disabled people to escape dependency.

Murphy suggests that the disabled's central problem is maintaining dignity and identity in the face of a powerful tendency towards social and psychological regression. Describing the disabled as "the quintessential American anti-heroes," he contrasts American values and Erikson's tasks of industry, initiative, and autonomy with the condition of the disabled: isolated, inferior, guilty, and shameful. Particularly moving is his description of the changes in his marriage, the development of a lopsided social relationship where "we are each other's captives." In preserving his identity and productivity, he provides us with new insights into the sick role, compliance, and the doctor-patient relationship.

Just as physicians dissociate from patients to protect themselves and their roles, society dissociates from the