OSLER LIBRARY

OSLER PAMPHLET

The Third

JOHN D. MCGOVERN AWARD LECTURE

Medicine and the Comic Spirit

By

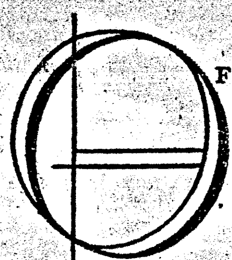
JOANNE TRAUTMANN BANKS
Adjunct Professor of Humanities
Pennsylvania State University College of Medicine

P.

Delivered ~~April 00~~, 1988 MAY 3
at the Eighteenth Annual Meeting of the
AMERICAN OSLER SOCIETY
Philadelphia, Pennsylvania

Osler pamphlet
2521073

MEDICINE AND THE COMIC SPIRIT



F the many potential values that are engendered by a group such as the Osler Society, devoted to the work of a distinguished person from the past, one, for me, is paramount: the dialogue with the dead. If that idea seems outlandish, please consider that a good deal of our continuing education is, or at least should be, conversation with dead people. I read Virginia Woolf, for instance, to hear her narrative voice while she constructs the world as she perceives it. I speak back to her, saying, "Yes, I see that the world is sometimes like that," or "No, you've not persuaded me on that point." As I read her more carefully, I strive to reach the level of deepest involvement, wherein I ask the Virginia Woolf I now know, "Here's a new proposition; what do you think of it?" And she, in a sense, replies. Thus are the deserving classics kept alive.

I assume that most of you have a similar relationship with Sir William Osler. You exhume his life and values not primarily out of nostalgia or to create a hero, but to

speak with him, to test whether or not his ideas resound through the years, and to decide, with each other, how best to continue in his spirit.

I do not know Osler nearly as well as you do. But I have spent the past several months imagining myself in dialogue with him, particularly as the writer of "Aequanimitas." You remember what he said in that valedictory address to the faculty and students of the University of Pennsylvania. To achieve equanimity in the practice of medicine, Osler declares, physicians should cultivate a "judicious measure of obtuseness" (wonderful phrase, that), but not at the price of hardening the heart. Do not, he goes on to say, expect too much of your patients, after all, they must forgive you too. So: edit out some of the pain as it comes to you, and don't take the human species so seriously as to think they, and you, are an entirely finished product. His third prescription—his best, I think, and the hardest with which to comply—is to tolerate the uncertainty that is everywhere, not only in medicine, but in existence at large.

I want to ask Osler, and you Oslerians, to consider a fourth route to equanimity, one that subsumes the other three. It is simply this: that comedy, properly understood and properly practiced, is a thoroughfare to the peace envisioned by Osler for his colleagues.

But first I want to tell a story. All ideas begin in stories. My close English friend, Nigel Nicolson, has had a varied career, from soldier to publisher to author. In his young manhood he was for a few years a Conservative Member of Parliament. Soon after his election, he was summoned to the office of the Prime Minister, for the Tories were then in power, to hear a word of welcome and direction. The young parliamentarian trembled as he entered the presence of the great Winston Churchill. But Churchill was too busy to notice. He was submerged in the daily barrage of papers, messages, and phone calls. "Bring

in this file, bring in that," he boomed at his private secretary, who dutifully kept the piles of documents mounting before the leader. Eventually, the secretary ventured to insert, "Mr. Prime Minister, haven't you forgot Rule 6?" Churchill looked up. "Of course," he said in that famous gruff voice. "Rule 6. Quite right." Immediately, the activity ceased, and Churchill turned his attention to his visitor, who, shy as he felt, could not forbear asking, "Mr. Prime Minister, what is Rule 6?" "Rule 6, young man, is Never Take Yourself Too Seriously." And what are the other five rules, Sir?" "There are no other rules!" replied Churchill.

I think that is true. I think that Rule 6 is deeply true. When, as the phrase goes, all is said and done; when we've read all our books; when we've constructed our theories; when we've analyzed our universe; then, at the root of our ability to perceive matters accurately and live successfully, is Rule 6. Thinkers have written volumes on the nature of comedy, but its basis, standing alone, is Never Take Yourself Too Seriously.

Let me suggest a game to you. Try to decide whether you operate *essentially* from a comic or a tragic point of view. Granted that I have not yet fully defined my terms, but, taking Rule 6 as a working definition of comedy, does the comic point of view frame the events in your life? It's often hard to tell. Some very amusing people have a tragic outlook (and serious people, a comic one). Also remember, please, that the tragic mode is a persuasive one. A working definition of tragedy begins with the assumption that the essential truth about life, the one from which all other meaning is derived, is that individuals die—particularly beloved individuals, among whom (perhaps chief among whom) is oneself. It is easy to demonstrate that life is horrid, if not at present in one's own life, then assuredly at a thousand spots around the globe.

If you decide that, even so, yours is not a tragic perspective, do not then assume that it is a comic one. There

are several additional styles. Using other terms borrowed from literature, I can discern, for instance, that some people interpret the world not through the largeness of comedy or tragedy, but through middling pathos. The typical disease-of-the-week television movie is built on pathos. Its effects are bought cheaply. The sight of its sufferers hurts us only momentarily, or even pleasantly, and brings no lasting knowledge. It normally ends with an image or moral, meant to inspire. Likewise, the inspirational articles found in the *Reader's Digest* water down the tragic into the pathetic. The articles about, say, a disabled person who has climbed mountains or someone with Down's Syndrome who has become an actor—these articles do not give full force to the fear and suffering that accompany disabilities. In these cases, sentimentality diverts us.

There are people among us whose basic interpretation of events is, to borrow another literary term, melodramatic. Again, be cautioned: it is not always easy to uncover this perspective, even in ourselves. To be sure, when the Sandy Dennis character in Neil Simon's *The Out-of-Towners* whines precisely the same "Oh, my God!" in response to events ranging from her husband's mugging to the loss of one of her false eyelashes, we know we are dealing with someone who regards life as melodrama. But physicians who secretly see themselves as heroic saviors, diseases as villains, and patients as requiring rescue are themselves setting the stage for a melodrama.

I'm afraid that pathos operates in the field that broke into medicine twenty-five years ago as thanatology. Fiercely honest in its inception, thanotologists, it seems to me, are increasingly awash in clichés about dying. I'm not surprised. It is superficially easier to view suffering through the lens of pathos than tragedy or, for that matter, comedy. Even melodrama allows us to handle life's terrors faster. But physicians who see pathos or melodrama every-

where have taken a detour around Osler's equanimity. To reach that destination, comedy is required.

Nonetheless, comedy has never been a popular mode. We pay lip service to the value of those who have a sense of humor, but through the ages the majority of humankind have been suspicious of someone who laughs too much. Plato thought laughter morally suspect because it was directed, he said, at those who are comparatively powerless. Aristotle thought only a little more kindly of comedy, but he wrote some influential passages on the subject. It is Aristotle's work on comedy, in fact, which is the murder weapon in the recent intellectual best-seller (if that is not an oxymoron), Umberto Eco's *The Name of the Rose*. Set in a medieval monastery with a rare and valuable library, reached only through a labyrinth, the novel chronicles the mysterious deaths of several monks. It turns out that all the deceased have managed to read Aristotle on comedy. The readers pay for their new knowledge with their deaths, for the librarian, thinking the book dangerous, has smeared its pages with a slow-acting poison. Comedy, he argues, removes fear; it is fear that makes us need God; ergo, comedy removes the need for God. And if we laugh at the sacred, the world will collapse into chaos.

We do not have to agree with Eco's librarian to realize that comedy has great power in our daily and cosmic lives. In medicine, comedy is deeply rooted in at many levels, the most obvious of which is satire. Doctors have been targets for patients, and patients for doctors, with the result that no one looks very heroic. The comedic exchange, however, appears to be necessary. Two things, said Voltaire, are necessary for survival—hope and sleep. No, there are three, said Kant—hope, sleep and laughter.

Doctors have always been good for a laugh. By the time of the *commedia dell'arte* in the middle ages, the doctor, blundering, short-sighted, and without any efficacious

tools, was already a stock figure. He had his most famous incarnation in the 18th century plays of Molière. In *La Malade Imaginaire, Le Médecin Malgré Lui,* and *L'Amour Médecin,* Molière's doctors regard pompous jargon as their best therapy and sizeable fees as their just ends. In our own century, the buffoonish physicians in George Bernard Shaw's *The Doctor's Dilemma* and Peter Nichols' *Joe Egg* are still speaking language that is not only incomprehensible to ordinary people but also thoroughly insensitive to those people's feelings. "All professions," asserts Shaw in the preface to his play, "are conspiracies against the laity."

Through comedy of this rather broad type, the laity strikes back. It is not difficult to uncover their motivation. After all, even when doctors knew very little science and practiced barbarous technique, they were nonetheless present at human beings' most vulnerable times. Doctors were, and are, frightening, in that they are associated with what most terrifies people—their own pain and deaths. Doctors are powerfully vertical when patients are horizontal. And when doctors cannot make any difference in an illness, patients are angry in direct proportion to the physicians' arrogance. Moreover, they often appear to make a great deal of money from suffering. To create them as figures of fun in our literary comedy is, therefore, an attempt to cut them down to size and control them.

Of course, doctors laugh at patients too, and for some of the same reasons—namely, fear and anger. Younger professionals, especially, use comedy to disguise their fear about handling human welfare so intimately. One of the most common sources for this kind of humor is the gross anatomy lab. Scarcely anyone has ever visited that place without noting that the medical students attempt to match the obscenity of death with the vulgarity of so-called "black humor." Fear operates on a practical level as well: the patient may rise up and sue me, the doctor thinks, or, worse yet, make me feel incompetent. Laughter keeps such

a patient under control. When a patient returns again and again with a complaint that is due to his or her noncompliance with medical advice or to hypochondria, the doctor may likewise respond with humorous stereotyping to handle the inevitable anger or frustration: "I've just seen the hundreth 'Sick, Tired, and Dizzy' of the week." Doctors laugh in order to contain their compassion (as in Osler's "judicious measure of obtuseness") and thereby prevent paralyzing identification with the sufferer. Sometimes they invent comedic turns simply because they are bored by, for instance, removing the gall bladders of "Fat, Flatulent, and Fortyish Females." Within the profession, laughing at the patient cements the community. If you and I, Doctor, laugh at the same things, we are comrades. We are insiders, with all the privileges accruing to such a status and all the primitive protections it offers. If we laugh at patients, our deepest selves believe that we will not become patients.

Significantly, patients feel free to publish their comic views of physicians (though after he blasted doctors in *The Doctor's Dilemma*, Shaw felt that he had better stay healthy). Physicians, in contrast, tend to laugh behind rubber-gloved hands. It would not be seemly for those to whom we entrust our tortured bodies and psyches to have fun at our (considerable) expense. Patients do not allow physicians that degree of humanness.

There are exceptions, of course. The great physician-writer Rabelais mocked patients, but he mocked everyone in a general belief that to provoke laughter was to encourage health. In our own time, the pseudonymous Shamel Shem, author of *The House of God*, had residents all over the country roaring at his hilarious, if morally superior, portraits of the poor slobs on whom the house staff of an urban medical center practiced their emerging skills. Some people must have felt that Shem let the side down by showing the public that their doctors found them funny. He

broke ranks in another way too. He laughed at his colleagues, a comparatively rare form of professional comedy. Winston Churchill's Rule 6 remains a hard precept to follow for medical comics.

In addition to satiric survival, comedy has even more sustaining roles to play in medicine. But here it is necessary to leave the world of concrete examples for the moment and adduce a little theory.

As every educated person knows, Aristotle believed that when we view a tragedy of a certain proportion, we experience a sensation of being purged of the feelings of terror and pity that the tragedy arouses. Good son of a physician that he was, Aristotle termed the sensation "catharsis." Living honestly through a tragedy—modern psychologists might call it "working through"—we feel cleansed. Terror, pity, and grief are washed through us, and we feel relieved, even exhilarated.

Comedy is also cathartic. We have all experienced it as such. The thorough-going laugh that we call, significantly, a belly laugh makes us feel oddly better afterwards. At such times, our minds and bodies seem to merge into one enormous, enjoyable reaction. We not only think something is funny; we not only feel something is funny; we know it with our entire selves. That sort of wholeness may be healing. At least we believe it in a folksy way to be so. The millions of readers of the *Reader's Digest* column, "Laughter, the Best Medicine," have casually affirmed laughter's healthful powers over many years. François Rabelais, to whom I alluded earlier, also believed that when he made his patient-readers laugh, he was participating in their cure. And Norman Cousins in his *Anatomy of An Illness* asserted that he had deliberately and successfully sought to use comedy as therapy for his ankylosing spondylitis, a claim that is currently being investigated scientifically, I understand, with early, positive results. Playwrights allude to the cathartic effects of comedy when

they speak of inserting a light scene into the middle of a serious drama as "comic relief." That reaction, relief, is also a cause of laughter, according to certain theorists. For instance, Herbert Spencer and, later, Freud, based their theories of laughter on the 19th century hydraulic model in science. In all these cases, laughter becomes as much physical as mental. Osler would understand that. His equanimity consisted in part if imperturbability, which he saw as a bodily endowment.

We sometimes seek this physical relief involuntarily in the midst of tense situations. We laugh when we are nervous. We laugh when we are embarrassed, and our bodies relax. Adults as well as children get giggling "fits." It is our great good fortune that our bodies and minds allow us this relief even in times of great sorrow.

One marvelous illustration of such laughter occurred on the old *Mary Tyler Moore* television comedy during the episode on the death of Chuckles the Clown. It is so hilarious, yet warm-hearted, an instance of comedy in the midst of suffering that it ought to be included in every medical school's teaching about dying, death, and grief. The story is an example of the relief theory of comedy and also the incongruity theory as developed by Kant, Schopenhauer, and dozens of successors. The latter theory holds—to cite the most famous illustration—that we laugh at a pompous, formally dressed man who slips on a banana peel because the juxtaposition is ridiculously incongruous.

As you will remember, Moore's character, also called Mary, works in the newsroom of a television station. Mary charms us because of her innocent goodness, which is often tested by the tougher journalists around her. One of the other recurring characters is the host of the station's children's show, a man always seen in his persona of Chuckles the Clown. One day Mary walks into the newsroom to learn that Chuckles has just died. She is shocked to see that her colleagues are laughing about it. It seems

that Chuckles has been killed in the line of duty. Normally dressed as a clown, he had costumed himself as a giant peanut to march in a large parade down the main streets of Minneapolis. As fate would have it, he strutted his peanutty stuff directly in front of the parade's elephants, one of whom—seeing before his disbelieving eyes the morsel of his life—reached out his eager trunk and stuck poor old Chuckles in his mouth, with the inevitable results. The good Mary berates the laughers. How can they carry on so when the life of a fellow human being has been snuffed out in the most unpredictable fashion? He was a colleague, he was a friend, he was a good clown. The laughers are properly remorseful. Seeing that Mary is quite right, they prepare themselves in soberer fashion for the memorial service.

In the next scene, which takes place at the funeral home, they all sit quietly in rows, listening to the minister eulogize their departed comrade. He gave his life for the children, the minister says. In the last role of his existence, Chuckles became a giant peanut marching down Hennepin Avenue. Suddenly, Mary begins to snicker. She inserts first her finger, then her entire hand, into her mouth to stop the giggles. But she cannot help herself. Her body shakes with largely silent chuckles; occasionally we hear an escaping snort. As the minister comes to the part in the story about the elephant, Mary loses control. Opening her mouth, she roars with deep belly laughs and falls off her chair on the floor. Everyone else is shocked. But Mary and her audience have experienced comic catharsis. We all feel much better. As one of Shaw's characters in *The Doctor's Dilemma* says, "Life does not cease to be funny when people die any more than it ceases to be serious when people laugh."

Comedy's adherence to medicine is abetted by their mutual scientific base. I am here using "scientific" in a broad sense. In literature, in medicine, in daily life, we are operating scientifically when we use our observational,

analytical skills and make generalizations based on them. Comedy's scientific basis requires further explanation. Theorists of comedy have tended to agree that it draws on the mind, whereas tragedy plays to the feelings. The idea is that after viewing a tragedy, you are supposed to feel drained. The assumption is that you have to feel bad before you can feel better. In contrast, comedy distances the observer, thereby disengaging the emotions and freeing the rational, scientific part of our response. Even after a fit of belly laughing, wherein the mind seems temporarily to be submerged, our mentation is often clearer.

In interesting contrast to most dramatists, the German playwright, Bertolt Brecht, worried about play-goers becoming too involved with his characters. He felt that an emotionally engaged audience is an exploited audience, victims of the playwright's values. In order to free their minds to reflect rationally upon the serious ideas he was offering, Brecht used several devices to alienate the audience. He would, for instance, follow the figures in *Mother Courage and Her Children* through war-torn, poverty-stricken, and disease-ridden Europe, then instruct someone to cross the stage bearing a sign that said "next day" or "four hours later." "Oh," says the audience, "this is only a play. We need not suffer so much with these people that we ourselves are inert, we must instead think about what we can do to prevent such suffering in the future." Comedy similarly clears the mind. So does science. They keep us from being overly involved with the human data so that we can make effective generalizations.

Then what about compassion? Is there a danger that the physicians who hone their practice of the comic spirit will simultaneously curtail the compassion that is so exquisitely needed in medicine? A parallel question is, does Osler's advice about equanimity, with his chilly talk of obtuseness and imperturbability, limit the heart too much? The nature and training of the humane medical sensibility

are subjects too large for this lecture, but, in passing, I want to offer one observation on compassion. Perhaps compassion is not a feeling, but a feeling added to a thought. Might not the formula for compassion be one part vulnerability to the suffering of others plus one part understanding? To the extent that comedy allows doctors to disentangle their feelings from their cognition and frees them to act on behalf of patients, it can serve compassionate ends.

If comedy is akin to science, it is also akin to religion. Considered by some thinkers to be science's opposite, religion is seen in this context to be its completion. I am not now speaking of comedy as it operated in my earliest definitions. Some comedy is satire induced by feelings of superiority, as I have said. Whether through physiological relief or perceptions of incongruity, comedy may also be a mode that stimulates catharsis. But when I speak of comedy's spiritual components, I mean comedy as a point of view that transcends all of that. It transcends even tragedy.

Many thinkers, two poets among them, have led me roundabout to this conclusion. As a child, you probably read William Blake's poems. His *Songs of Innocence,* especially, are widely thought to be pleasant entertainment for children. One of them depicts a brief dialogue between the poet and a newborn child. Entitled "Infant Joy," it is a simple, direct celebration of new life: "Pretty joy!/Sweet joy but two days old./Sweet joy I call thee:/Thou dost smile./I sing the while/Sweet joy befall thee." But Blake also wrote *Songs of Experience* some of which are parallels to the "Innocence" poems. The newborn appears again as "Infant Sorrow." In the language of experience, the babe comes "Into the dangerous world . . . / Helpless, naked, piping loud:/Like a fiend hid in a cloud." Blake seems to be saying that if we believe that life is jolly, pretty, and quaint, we are looking through eyes of Eden-like innocence. Give us a little experience of the world, and we know joy and sorrow, good and evil. There is not anyone

sitting here today who has not lived deeply in the arena of experience.

But this dichotomy is not the end of Blake's vision. Scarcely anyone reads his later poems, some of which are obscure, prophetic pieces. Taken together, they reveal what certain readers have called a "higher innocence," a state wherein tragedy is fully acknowledged but as only a penultimate state. Ultimately, if we use our imagination, which is, for Blake, a higher mental functioning than mere reason, we go on to a second innocence. We become fully human, which is tantamount to divine. In that state, we see through all of life's ills to a kind of wise serenity. Here, at last, is my point: Blake's higher innocence is comedy.

The poet Friedrich Schiller gives us another perspective on this kind of comedy. In his essay "On Simple and Sentimental Poetry," he notes comedy's penchant for promoting lucidity of mind. He adds that, through comedy, we view life's absurdities with a smile rather than anger or tears. And he concludes that "if tragedy sets out from a more exalted place . . . comedy aims at a more important end; and if this end could be actually attained it would make all tragedy not only unnecessary, but impossible." It is a short step from Schiller to the American mystic Thomas Kelly, who said that finally there is nothing to be afraid of anywhere.

It seems clear to me that people who manifest the most equanimity operate largely in this comic mode. But, for doctors, the perspective will nonetheless present problems since the point of view of the seriously ill patient will almost always be tragic, especially in the early stages of the illness.

By classical—i.e. Greek—definition, tragedy ends in death. It is concerned with an important individual, whom it isolates from the community while he or she works out ultimate meanings in relatively ponderous rhythms. In just three ways does the seriously ill patient view matters tragically. For that patient, the self is enormous and all-

consuming. The patient's problem looms so large as to dominate almost entirely the lens used for looking at the world. The patient's space is constricted, and life becomes comparatively static. He sits in bed and waits. Possible death is the event against which to measure all other experiences.

Enter the busy doctor, who is visiting the patient as one among many on hospital rounds, and will depart in a few minutes. The doctor uses several lenses, whatever is required, to look at many different patients. He or she represents continuity, connectedness with others, *staying on.* The word "rounds" itself suggests as much. Classical comedy had the same purposes. In comedy, people survived. They were seen in relationship to the mundane community. Permanence through renewal was assumed, and in fact Greek comedy arose out of the fertility rites used by primitive peoples to celebrate the returning seasons.

The doctor moves on to other patients. The doctor does not die. Meanwhile, the patient is digging deeper and deeper into a tragic story. Herein lies a clue to one of medicine's frequently cited communication problems. It is easy to see that the doctor's and patient's points of view, the comic and the tragic, are not congruent. They intersect only briefly. It may help to remember that comedy and tragedy have traditionally been considered to be different not in substance, but in perspective. As Carol Burnett put it once, "Comedy is tragedy—plus time."

What a fine accompaniment is comedy for physicians on their rounds of illness, suffering, and death! They are fools who do not respect these tragedies, and brutes who do not give them their proper dignity. Yet in spite of them, life is connected to life. Other patients wait. Other physicians will follow. Best of all, doctors have special access to the deeply human laughter that allows them to forgive the world, as Osler suggested, for its foibles and uncertainties, and justly to forgive themselves.

BIBLIOGRAPHICAL NOTE

I have chosen not to weigh this paper down with scholarly attachments. Oslerians may wish to know, however, that the most efficient way to begin a study of comedy is probably through *The Philosophy of Laughter and Humor,* edited by John Morreall for the State University of New York Press in 1987. Morreall introduces selections from both traditional and contemporary theorists. More specifically literary thinkers can be found in *The Comic in Theory and Practice,* edited by John J. Enck, Elizabeth T. Forter, and Alvin Whitley, and published in 1960 by Appleton-Century-Crofts.

JOANNE TRAUTMANN BANKS became the first full-time professor of literature at a medical school when in 1972 she took a position at the Pennsylvania State University College of Medicine, where she is still Adjunct Professor of Humanities. She now lives in Florida and continues her lecturing, consulting, and writing. Her books include *Literature and Medicine: An Annotated Bibliography, The Healing Arts,* and *Use and Abuse of Literary Concepts in Medicine.* Outside of medicine, she is best known as the co-editor of Virginia Woolf's *Letters.*

PREFACE

WILLIAM OSLER was recognized as a humanist, as well as a superb physician by both his American and British colleagues and friends. He lectured and wrote on philosophy, read voraciously, and collected one of the world's finest personal libraries, meticulously selected to cover a wide range of classical and medical fields.

It is an unusual pleasure to see a lecture in print to be read, reread, and pondered on a serious subject doctors and medical students rarely would think about. Dr. Banks was the first professor of literature in a medical school. She was given a free rein to develop her niche there.

At its founding, the new school she joined had determined to emphasize patients as people who had diseases or problems which interfered with their lives and required help. Accordingly, the first full academic Department of Humanities in any medical school was established at the beginning. The first appointments in religion and philosophy were soon followed by literature.

Why literature? The department was placed adjacent to family medicine which was the first clinical department

organized and to behave as a basic science. Working together these faculties could help students from their first week in school to focus on influences other than the disease process which might reflect on the acceptance of the illness and compliance by the patient and family with the physician's recommendations. Success in the treatment plan, or achievement of the best possible result, and adjustment to it would require recognition of cultural, religious, educational level and other factors impinging on the patient.

Authors from the beginning of recorded history have been keen observers and interpreters of why people, families, and populations have certain values and behave as they do. The early Greeks recognized and accurately described psychiatric problems and we still use the names given to some. Over the years, writers have described epidemics or the motivation for population movements. The same approach is true with today's authors, playwrights, and poets.

Students are taught by the scientific faculty about inherent biologic variability between individuals and the range between which laboratory data or observations may vary in health and disease. Literature can illustrate similar variability between individuals and their reactions to, and perceptions of, illness, disease, and stresses in family, work settings or societal changes in the real world outside.

Reading of classical or non-medical books was recommended by Osler at bedtime to lessen the tensions of practice and for pure intellectual enjoyment. Dr. Banks has succeeded superbly in meeting our hopes in her teaching and writing as she pioneered in this new field. This lecture illustrates her ability to stimulate students to read literature other than medical, and to think about it. As a byproduct, not as a planned objective, students have learned

the need to express themselves more clearly and accurately in their own and patient records, or for any publications, lay or scientific, they may write. Also, they have learned to communicate with patients and families at levels they can understand with a minimum of scientific terms or jargon.

These efforts can help form a pattern of continuing self-education and improvement as a compassionate physician with true interest in his patients, as was taught by William Osler.

GEORGE T. HARRELL, M.D., D.Sc., L.L.D.
Vice President for Medical Sciences Emeritus
The Milton S. Hershey Medical Center
The Pennslyvania State University