

oddly enough, probably belongs to Ernest Jones, who was a peripatetic "American" from 1908 to 1912, living in Toronto but an indefatigable proselytizer for analysis in the United States.

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### DOCTORS' STORIES: THE NARRATIVE STRUCTURE OF MEDICAL KNOWLEDGE

By Kathryn Montgomery Hunter. 205 pp. Princeton, N.J., Princeton University Press, 1991. \$24.95.

What happens when a literary scholar takes a close look at the clinical interview and the fundamental nature of the patient-doctor relationship? Kathryn Hunter's intriguing study of how physicians interpret and retell patients' stories of illness sheds new light on the way narrative is used in the standard teaching of medical students and the everyday care of patients. Hunter's main thesis is that medical storytelling bridges the widening gap between science and practice, between abstract knowledge and the actual world of individual patients. For Hunter, recognizing the important role of narrative in medicine is key to expeditious and ethical care.

The right book at the right time, Hunter's work responds to the critical challenge facing the clinical interview as the growing use of probes, scans, and metabolic tracers threatens to overwhelm the encounter between patient and doctor. Even as patients are gaining increasingly precise answers to their diagnostic questions, they are losing the conversations with their doctors that have traditionally helped them understand scientific knowledge in terms of their own experience. During the 1980s, a surge of interest in narrative and literary analysis in the study of clinical medicine focused research in the medical humanities and ethics on the circumstantial and cultural contexts of patients' lives and decisions embedded in the complex stories that patients tell their doctors. Hunter's study takes the inquiry several marvelous steps forward. She views doctors as "expert readers" who use both scientific knowledge and a familiarity with the plots of similar cases to make sense of the evidence and reach a diagnosis. Showing how doctors construct narratives of disease from patients' narratives of illness, she explains how medical thinking works and how diagnostic hypotheses are generated. In a lucid, witty extended comparison, she reveals the physician's process of diagnostic reasoning as strikingly similar to Sherlock Holmes' methods of observation and logical deduction, paralleling the ways each searches for clues that unlock the mystery at hand.

The major themes of the book are how doctors interpret patients' stories, what constitutes clinical judgment and how it is formed, and how knowledge is acquired and teaching takes place in academic medicine. Hunter's method is to examine physicians' medical narratives by subjecting them to the techniques of literary analysis, with its emphasis on narrative voice, plot, and time. She provides a particularly compelling, innovative analysis of the form and content of the case presentation and the uses of anecdote in medicine.

Each of the book's chapters forms a discrete, thematic argument that can be read separately or as part of the whole. That strength, however, also produces a minor weakness: short sections of several chapters are somewhat repetitive. Even so, in elegant, clear prose the author brings together and demonstrates the best of contemporary research about what literature and literary theory offer medicine. Hunter's unassuming erudition achieves a rare level of scholarly sophistication while conveying an unabashed appreciation of the work doctors do.

The book is intended for audiences on both sides of the clinical encounter. To patients and all nonphysicians, Hunter's work provides much-needed clarity about the goals and methods of practice that may serve not only to reduce the public's exorbitant expectations of medicine but also to increase the patient's participation in decisions about care. For physicians, the book offers a greater degree of self-consciousness and a broader understanding of the task of medicine that may encourage the recognition that patients need not only the medical facts of their case but also the ability to translate that knowledge into the context of their own lives. Both stand to

gain by an attention to patients that is at once honed and enriched by physicians' recognition and "re-vision" of patients' stories and their themes. Best of all, reading Hunter's book may yield a revitalized pleasure in practice and a renewed patience with patients.

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### HIPPOCRATES IN A WORLD OF PAGANS AND CHRISTIANS

By Owsei Temkin. 315 pp. Baltimore, Johns Hopkins University Press, 1991. \$39.95.

Owsei Temkin's books have demonstrated how the rational healer gained an almost godlike status in Western culture. *The Falling Sickness: A History of Epilepsy from the Greeks to the Beginning of Modern Neurology* (2nd ed. Baltimore: Johns Hopkins University Press, 1971) showed scientific medicine at war with magic and superstition, whereas *Galenism: Rise and Decline of a Medical Philosophy* (Ithaca, N.Y.: Cornell University Press, 1973) outlined Galen's virtual invention of the philosopher-physician as a heroic figure in ancient Rome. *Hippocrates in a World of Pagans and Christians* does not deal with Hippocrates the man, who, like Homer, left but a shadowy record of his existence. Instead, Temkin outlines the fortunes of what might be called "Hippocratism," the personification and even deification of rational medicine based on ancient Greek learning.

Temkin's book is best appreciated as a feast of citations from a staggering variety of sources. Beginning with the Hippocratic corpus of texts, which were written for the most part between 430 and 330 B.C., the author moves through pagan writers, the New Testament, and on to the Christians of late antiquity. Here one finds scores of biblical passages and quotations from the church fathers arranged and explained as no one has before. Monastic healing, the body-soul dichotomy, and the conflict between pagan and Christian traditions are all explored with a masterly touch. Rational medicine and Greek philosophy can indeed be thought of as sisters in European antiquity, but rational medicine and philosophical Christianity are given equal attention by Temkin in these remarkable pages.

Throughout the book, one senses the memory of Temkin's late colleague at Johns Hopkins, Ludwig Edelstein. A classicist like Temkin, Edelstein fled from Nazi persecution to the United States, only to have his career once again thwarted during the Red scare of the 1950s. Temkin never fails to mention Edelstein with respect, but he takes issue with his views at nearly every turn. The contrast between their two points of view is interesting. Edelstein stressed the differences between the ancient physician and his modern counterpart, rooting each one firmly in a cultural context. For Edelstein, medicine, disease, the patient and the physician could be understood only in relation to the society to which they belonged. Given the profound effect Edelstein's own culture had on his intellectual autonomy, this approach is understandable. Edelstein's selected papers appear in *Ancient Medicine* (Temkin O and Temkin CL, eds. Baltimore: Johns Hopkins University Press, 1967).

Temkin's world is not the hurly-burly of wars, famines, and invasions; rather, it is the writings of the ancient intellectual elite, as they addressed their descendants and each other. His Hippocratic doctor is the "objective" physician, a man he asserts to have been much more independent of cultural influences than Edelstein had argued. Considerations of moral good and evil, for example, lay outside the proper realm of Temkin's rational physician; indeed, such distractions interfered with the development of scientific medicine. For Temkin, then, the Hippocratic physician is best understood as the ancestor of the modern scientific physician: an ideal of wisdom, honesty, courage, and above all, autonomy.

The period before the advent of modern science has much to offer with respect to our understanding of the role of the physician and medicine in society today. Whether we look at medicine as progressing toward a scientific ideal or see it as a complex and ever-changing set of relationships between humans, the debate will continue. It