

## THE PRESCRIPTION OF LITERATURE

IF any of our readers wish to while away a spare hour (should they have such a thing!), and do it delightfully, we would recommend them to read a lecture by Dr. Gerald B. Webb entitled "The Prescription of Literature".\* This lecture was reprinted in the *Diplomate* for March, 1933, and can be obtained from its office in Philadelphia for the not exorbitant sum of ten cents. It is worth ten dollars! The author is a man of wide culture and brings forward a subject to which few of us have given much thought. In our limited space we cannot pretend to give more than a suggestion of the excellence of his contribution.

When we have prescribed for and treated our patient for a time do we turn away, saying to ourselves "He is all right now; he can manage his own case"? Probably, in most cases, yes. But is this enough? There is often a prolonged convalescence, with, possibly, a vitiated mental state to contend with. In such cases perhaps the doctor could do more. For such patients Doctor Webb would prescribe reading. As he wisely says, "Among the many uses of literature not the least is that it may help us to forget our misfortunes, and, in especial, bring solace to us when we are sick. Accordingly, there are many times when it is incumbent on the wise physician to prescribe, not a posset or a purgative, but an essay or a poem." This is not a new idea, it is true, but it is well to have it recalled to our minds. Rabelais, a physician, wrote in Greek on the title page of his books "The property of Francis Rabelais and his friends". It is said, also, that the romance of Gargantua and Pantagruel was written to divert his patients. Possibly, the new psychiatry may eventually find a place for literature in its armamentarium. In "Pygmalion, or the Doctor of the Future" R. McNair Wilson thinks that the medical man will in time again become "a humanist with the widest possible understanding of human motives; a cultured man with outstanding sympathy; a lover of the arts as well as a student of the sciences". He looks forward to the time

"when the practice of medicine will include within its scope every influence of known potency over the human spirit, and when the practitioner, like Pygmalion, will look on his work and see, not disease and death, but the glowing lineaments of life".

It follows from all this that the physician must be conversant with books and the best of literature at that. He must know the character of the literary remedies—stimulants, sedatives and placebos—which he wishes to use, and to prescribe these intelligently he must know the immediate necessities of his patients and the character of their mental structures.

"Of making many books there is no end" saith the Preacher in Ecclesiastes. We wonder what he would say were he living now. We are disposed, too, to agree "that much study is a weariness of the flesh". Opinions may differ as to what constitute the "world's best hundred books" but certainly some stand out preeminently. For those who are connoisseurs the following will, doubtless, hold first place—the Bible, the Church of England Prayer Book, Bunyan's *Pilgrim's Progress*, Walton's *Compleat Angler* and Defoe's *Robinson Crusoe*. A motley assortment, you say, but they have this in common that they are the best examples that have come down to us of simple English, "pure and undefiled", and altogether lovely. Opinions will differ more widely about the rest. The only thing the doctor can do is to develop a catholicity of taste and use his best judgment. His range is wide—letters, essays, biography, history, travel, poetry, drama, and fiction.

Then comes the not easy task of selecting the appropriate mental pabulum for the needs of the individual case. There are restless excitable patients, calm contemplative patients, depressed patients, bored patients, somnolent patients, wakeful patients, extraverts and introverts. Doctor Webb quotes Samuel Johnson's dictum that all reading should be for pleasure, and thinks that this is doubly true in the case of the sick. This means that in any attempt to prescribe books we should consider the temperamental make-up of our patients.

\* WEBB, G. B.: The prescription of literature, *Trans. Ass. Am. Phys.*, 1930, 45: 13.

Moreover, not only will different people require different books but the same books cannot be counted on to affect all in the same way. It is one thing, however, to suggest reading and another to get the patient to read. He may not naturally be fond of books. As the old adage has it, "You may lead a horse to the water but you cannot make him drink". But newspapers and magazines, the literary diet of so many, pall after a time, and then the substitution of a good book may help to relieve the ennui. Once started on the right track, the patient may be allured to brighter realms, but, like Goldsmith's village preacher, the physician must lead the way.

For the religiously minded the Bible will always be the favourite. It is still the world's best seller. In it you find poetry, drama, history, biography, ethnology, ethics, allegories, fables, but not physical science or mathematics, as some would seem to demand. Probably a more correct idea of the Bible can be obtained by reading a new version, or, rather, a new arrangement of it, which appeared about three years ago.\* Here tiresome genealogies and repetitions are omitted and the subject matter is classified under appropriate literary headings. Some of our hymns, too, notably those by Charles Wesley, Isaac Watts, Lyte, Toplady, Sir H. W. Baker, and Sabine Baring-Gould are magnificent of their kind and unsurpassed in any language.

One would not be judicious in prescribing a doleful book for a patient the subject of tuberculosis. Such a one would be Mrs. Gaskell's *Brontë Family*, which tells how six members of that talented family died of

\* The Bible designed to be read as Literature, arranged by E. S. Bates, Simon & Schuster, New York, 1936.

tuberculosis. On the other hand, the lives of Voltaire, Ruskin, Emerson, and Cecil Rhodes, who lived many years and became famous in spite of tuberculosis, would be encouraging. Those tending to be depressed would not be helped by such as Hardy, who depicts the helpless struggles of Man enmeshed in the web of inexorable Fate. They need Lewis Carrol, Mark Twain, Captain Marryat, Artemas Ward, James Whitcomb Riley, or Bret Hart. Dickens, Thackeray, Galsworthy, and Thomas Mann may in some instances be useful.

Those who are excitable should thrive on poetry, essays, Nature study, and informative writings. Such writers as Spenser, Coleridge, Lamb, Sir Thomas Browne, Robert Louis Stevenson, and Washington Irving, come into mind here.

Bored patients may often be diverted with a good detective or mystery story, of which there are many. Among the earlier ones may be mentioned Wilkie Collins' *Moonstone* and Edgar Allan Poe's *Golden Bug*; among the later are the tales of Edgar Wallace.

Sleepless patients may be offered books of sermons, preferably those by divines of the seventeenth century!

Doctor Webb remarks near the end of his delightful essay that "the mind, like the body, will thrive best on a mixed diet, and he who experiences the variety of a number of literary forms will derive from his reading a satisfaction free from the dangers of ennui".

Only remember that it is not enough to recommend books. Patients may not have the means or desire to purchase or hire books. You must take them to them—a sad wrench to the true book lover. But be sure that, like Rabelais, you put your name in them!

A.G.N.

#### Contentment

What's Gyges or his gold to me!  
His royal state or rich array?  
From envy's taint my breast is free,  
I covet no proud tyrant's sway.  
I envy not the gods in heaven!  
The gods to me my lot have given.  
That lot, for good or ill, I'll bear,  
And for no other man's I care.—*Archilochus*.