

## Department of theatrical medicine?

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Medicine and the theatre have long been linked. Shakespeare seemingly had a wide knowledge of medicine,<sup>1</sup> Molière and George Bernard Shaw wrote plays about doctors, Chekhov and Somerset Maugham were doctors who wrote plays, Dr Jonathan Miller directs plays, and most medical schools have their amateur dramatics. Meanwhile in the operating theatres (far better for our purpose than operating rooms), the surgeons, those *prime donne* of medicine (or rather *primi uomini*), hold centre stage, acting out tantrums with thrown scalpels and cutting remarks.

At best, however, such links are tangential. In this issue of *The Lancet* Finestone and Conter make the stronger claim that acting is central to medical care and should be taught explicitly. In a weak sense that already occurs. Communication skills are taught in most medical schools, and allow students to rehearse and to experiment, often by use of simulated patients who are themselves professional actors.<sup>2</sup> Nevertheless, I doubt whether any schools teach drama as such, and the name of Stanislavski<sup>3</sup> can be known to only a handful of medical students.

If acting, then how? Olivier, on being asked how he acted, once said "I pretend, dear boy, I pretend"; and that is partly true for a hardened professional. But a comparison of amateurs with professionals shows there is far more. The amateur hams it up, overillustrating each gesture and phrase, so the audience sees only an actor; the professional, with greater experience and more skill, is less flamboyant, so the audience sees instead a character. Hence the old actor's advice: "Do less!". Likewise amateurs act from the head, thinking only of words, whereas an old pro knows that audiences see the actor's body not the brain. "Control, connection, economy, variety, filling, timing, pointing: these are all necessary skills which . . . communicate the shape of the appropriate gesture to the audience";<sup>4</sup> and will do likewise for that audience of one, the patient.

Before skills there is "process"—understanding the role and the characters, the surface words and the subtext. The Stanislavskian "method" technique, which uses emotion, memory, private moments, substitution, and creation of biographies, induces empathic involvement by actors, and might well help students and doctors to understand patients. Of course whether such methods are actually effective is an empirical question.

To many people, the notion of doctors acting in front of their patients will be repugnant. Authenticity is so obviously an intrinsic good that few would readily forsake it, particularly when the alternative of acting seems such poor recompense. Acting has always had a bad name (literally in classical Greece, whose word for an actor, *hypokritos*, as Plato recognised, has implications of two-facedness and deceit). Even as a profession acting seems dubious since, "by definition, to have to pretend to be someone else for a living casts some doubt upon who you are, and is less than a recommendation of reliability".<sup>4</sup> And an editor in jesting mood once told me how he looked about at the medical profession and worried about "those denizens of Harley Street with silver hair (make up) and dangling half-moon spectacles (props), coining in the money (box office)".

Psychology is more tolerant of acting. Social psychology accepts that people adopt different roles in different social situations, enacting appropriate personae for particular contexts;<sup>5</sup> and modern attribution theory<sup>6</sup> critically distinguishes the actor from the observer who necessarily cannot know the privileged mind of the actor except by inspired guesswork. Goffman<sup>7</sup> argued for acting being causal in people behaving ethically: "the very obligation and profitability of appearing always in a steady moral light, of being a socialised character, forces one to be the sort of person who is practised in the ways of the stage".

Actors and doctors have a final similarity. As they face birth, life, disease, dying, and death, doctors resemble "Actors [who] are required to confront, on our behalf, the very quick of life which is too painful or too powerful to be lived with day by day. They release the interior scream of tragedy or [the] anarchic bray of comedy . . .".<sup>4</sup> Acting may ultimately be the salvation of doctors at risk of professional burn-out.

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- 1 Stearns CW. Shakespeare's medical knowledge. New York: D Appleton, 1865.
- 2 McManus IC, Vincent CA, Thom S, Kidd J. Teaching communication skills to clinical students. *BMJ* 1993; **306**: 1322-27.
- 3 Benedetti J. Stanislavski: an introduction. London: Methuen, 1989.
- 4 Harrop J. Acting. London: Routledge, 1992.
- 5 Goffman E. The presentation of self in everyday life. Harmondsworth: Penguin, 1971.
- 6 Hewstone M. Causal attribution. Oxford: Blackwell, 1989.

## The sweat suite

In the US summer heat wave of 1980 more than 1000 individuals died from hyperthermia and/or heatstroke.<sup>1</sup> The elderly, the very young, the infirm, and people with heat intolerance thanks to congenital absence of eccrine sweat glands—anhidrotic ectodermal dysplasia—were most at risk. "Thanks" may be a strange way to mention a congenital defect, but sweating does have its plusses and minusses. On the minus side, sweating is a major contributor to human body odour, as a recent book makes entirely clear.<sup>2</sup> And there are numerous sweating disorders ranging from the inconvenience of sweaty palms to paroxysmal unilateral hyperhidrosis, which may bring to light an intrathoracic tumour.<sup>3</sup> However, sweating is clearly not as useless as some people think sebum is,<sup>4</sup> and, aside from surviving heat waves, the way we biped hominids sweat is an important evolutionary adaptation that contributes to our ability to run, work, and play hard.

Porter,<sup>5</sup> while admitting that "it is not difficult to invent biological mechanisms and to assert adaptationist arguments for almost any feature of the human body", has constructed a set of convincing arguments to show that how and where we sweat dovetails with how upright bipeds dissipate heat and how we meet the extreme thermoregulatory demands of running compared with walking.<sup>6</sup> A key function of sweat is to moisten the skin on the palms and soles to improve their grip during times of activity,<sup>6</sup> but sweaty hands are also especially good heat dissipators, especially when we run. When fists are lightly clenched the interdigital gaps form funnels, and swinging of the arms adds up to "panting" with our heavily eccrine-gland-endowed hands. It seems that we are even