A lesson for medical education?

Like many, I am at once attracted and repelled by Castalia. It is a Utopia where a thoughtful life and supple mind are humanity's highest achievements; yet it is also a place where all knowledge is already made, all the noise and clamour of discovery complete. The role of the order is to further dissect knowledge, to file it, to regard a fact as an infinitely-sided space whose every facet abuts another. In Castalia, all messiness has been abolished, and the hairy, smelly truths of human need and desire have been slowly but definitely removed, like seeds bred from oranges or thorns from roses. In the end, the Magister quits Castalia for the world, only to die on the first morning of his freedom. He collapsed when faced with the real world for which he had lately come to yearn, but for which he was sorely unprepared.

Earlier, I asked you to imagine players of the Glass Bead Game as medical students. Now I will explain my riddle. Castalians/medical students are chosen for their early virtuosity and placed in highly revered institutions. Although it may seem absurd to compare the cloistered world of Castalia to a place that trains students to be at home in humanity's darkest nooks and crannies, consider what Plinio and Father Jacobus had to say about Castalians, and what critics have often said about the medical profession: we are selfish, we are rude, we are concerned about our own pocketbooks and call schedules, we are ignorant of the sacrifices made by society at large to pay for our training and our salaries. Thus, at our worst, we can be what Father Jacobus describes as overbred, over-intelligent and arrogant.

But at our best, we can make the many broken pieces whole.

Having returned to *The Glass Bead Game*, I now see it as a cautionary tale for medical education. Joseph becomes heartsick at the thought he is serving his own intellectual desires while sacrificing duty to the world; his idealism forces him to leave the only world he knew. Put another way, the Game takes its raw material from the sum total of human experience, yet it maintains a comfortable distance from the mess of humanity. Is this not like medicine at its worst? Medicine for doctors, rather than patients?

The story tells me that, like Joseph, I must listen to the voices of Plinio and Father Jacobus, then choose which comes first, the Game or those from whom the Game emerged. Perhaps we medical students can make change from within so that no choice needs to be made between becoming "odious and debased," or defecting as Joseph did, only to be silenced.

Monica Kidd
Memorial University of Newfoundland
St. John's, Nfld.

REFERENCE

1. Hesse, H. *The Glass Bead Game (Magister Ludi)*. New York: Henry Holt & Company (Owl); 1990. English translation (1943) by Richard and Clara Winston.

Notes

A heartbeat shared

The professor guides my right hand onto the full-term abdomen, placing the obstetrical stethoscope diaphragm right over where he wants it. The earpieces press hard against the insides of my ears, hurting: I'm not yet used to wearing this instrument. I listen intently, with the teacher looking at my face, enquiringly.

Shutting my eyes and concentrating hard, I try, amidst the muted sounds of road traffic, to hear. All I hear is a hushed hum — a dull static drone: Shh! — come on, focus, listen.

Suddenly, like a miracle, I learn the art of listening. As if from miles away, dull at first, then clearly, is the distant muted tick-tick, tick-tick, tick-tick — the heartbeat sounds of the unborn baby. Ensheathed and wrapped in layers of muscle and floating within its private pool of amniotic fluid — the in-utero third-trimester fetus. I am in rapt attention, afraid to move for fear of losing the magical sound — the pulsations of a tiny heart, receiving maternal blood, and then pumping it on into its own fetal circulation.

By the time I remember to open my eyes, the professor has moved on to the next patient. I continue holding the diaphragm against the abdomen of the young first time mother-to-be: I remove the hurting earplugs. I am so euphoric that I have, for my first time ever, heard the fetal heart sound, that I do something else. I nod my head toward the woman I am examining and pass on the twin tubes with earplugs toward her, urging her to put them on.

She looks puzzled. Using only gesture and mime, I get across to her that, if she wants, she can hear her own baby. She smiles and nods tentatively. I put an index finger up against my own lips to signify "silence." She nods.

It took a minute or two, then I see the most radiant of smiles a person can ever see. The young woman beams, radiating a thousand watts. Her eyes widen and she shakes her head, incredulous. She clutches on to the metal tubes, pressing them harder against her ears, quivering, afraid of losing the aural ripples from her insides — her own baby's heart, pulsing with the kinetics of life. A tiny cardiac pump that will continue, relentlessly, to contract and expand, through a lifetime.

It has been years now since I heard that faint, yet distinct beat at a free government hospital for indigent people. Where that woman is, or what happened to her newborn, I do not know. But that episode is etched indelibly in my memory. I remember even today how, for one brief interval of time, I and an illiterate, malnourished young mother-in-the-making stole a private moment to share the thrill of a new heartbeat.

Arunachalam Kumar
Mangalore, India

DOI:10.1503/cmaj.060562