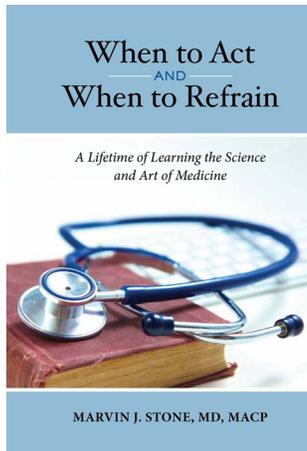


Book Review



***When to Act and When to Refrain: A Lifetime of Learning the Science and Art of Medicine* by Marvin J. Stone**

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264 pp., Paperback \$22.99,
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**Reviewed by
Charles S. Bryan**

Marvin Stone prefaces this engaging autobiography by stating his purpose “is to convey to

anyone interested in a medical career the excitement and fascination intrinsic to becoming and serving as a physician.” As autobiographies go, it is an easy read and remarkably uplifting. Like the man himself, the text is straightforward, orderly, engaging, and kind. It will appeal to a broad readership and will be of value to future historians seeking to understand what will perhaps be designated “the golden age of cancer therapy,” the decades during which clinical oncology came of age.

A take-home message for young people might be “follow your bliss and take your time.” As a newly married first-year medical student at the University of Chicago, Marvin asked himself, “What am I doing here?” Two early mentors—Joseph J. Ceithaml (1916–2013) and Robert W. Wissler (1917–2006)—excited him about medicine’s possibilities and steered him toward research. He never looked back.

At two critical junctures, Marvin made the same key decision: Why not take an extra year to do what I really want to do? As a sophomore medical student at the University of Chicago, he chose to take a year off to extend work he had begun with Wissler in pathology. This resulted in his entrée into investigative oncology. As a clinical associate at the National Institutes of Health, he chose to spend an extra year (beyond the obligatory service requirement then in place) to consolidate work he’d begun with a Waldenström

protein despite an early disappointment when he was not listed as a coauthor on a major paper. His research clarified the number of antigen-binding sites (valence) of immunoglobulin M, presaging his destiny as a world authority on Waldenström’s macroglobulinemia, multiple myeloma, amyloidosis, hyperviscosity syndromes, and cryoglobulinemia.

At a third critical juncture, Marvin chose to do a third year of residency at the University of Texas Southwestern Medical School in Dallas rather than serve as senior resident at Barnes Hospital (Washington University) in St. Louis. Eight years later, in 1976, he made yet another key decision: to leave UT Southwestern to become founding director of the Charles A. Sammons Cancer Center at Baylor University Medical Center in Dallas. He had no experience or training in administration but, judging from the results, was a “natural.” Through the years, he trained 53 fellows, directed a research program, ran a busy clinical service, and somehow found time to supervise the clinical clerkship for third-year medical students.

Osler figures prominently among the epigraphs that preface the book’s chapters, which cover such familiar topics as medical education, bioethics, professionalism, and the role of the humanities in medicine. The last chapter is on “The Future of Medicine.” Here, Marvin makes some bold predictions. For example:

Hospitals will decrease in number; many of those that remain will become giant intensive care units. Rehabilitation and assisted living units will proliferate. Telemedicine and virtual doctors’ visits will increase and expedite patient care. Whether quality of care will improve as a result remains to be seen. Concierge medicine will increase for those who can afford it.

Yes, young people, medicine will change, but no other profession matches medicine for the dizzying speed at which new advances benefit humankind. Marvin concludes by appealing to time-honored ideals and principles, for there will always be the need for judgment to help doctors decide “when to act and when to refrain.”

The reviewer, **Charles S. Bryan** (cboslerian@gmail.com), is a medical historian and infectious diseases specialist. His recent project is *Sir William Osler: The Encyclopedia*.