Emerson wrote in his essay *Nature* that this kind of arguing about traditions and roots we are actually granted—what allows us to act unwittingly and intimately, in good faith as the expression goes—then Americans ought to have a lot going for them. Yet, like every other professional that thrives on capability. You can’t be a doctor if you don’t know how to do things (“Qui ne sait agir n’est pas médecin”), wrote Jean Starobinski who studied medicine before becoming a professor of comparative literature. Literature, by contrast with medicine, has to make do with what John Keats, apothecary’s assistant, famously called negative capability: “when man is capable of being in uncertainties, Mysteries, doubts, without any irritable reaching after fact & reason”. Keats’ phrase is so current in the humanities as to make one articulate doctor-writer suspect that it may be an excuse for not knowing anything at all.2

Since it took medicine nearly two millennia to acquire capability, I am curious that it is now seeking a self-image in literature. Does literature’s negative capability offer a kind of knowledge that cannot be assayed by common sense? Are the generalisations offered to back up its importance for medicine not riddled with botholes and exceptions? Do we need “scientific” vindications of our private worlds, or the fact that hell can be other people, especially patients? Not so long ago, doctors knew (without having to be told) that the lives of their patients were intelligible narratives; now that the market has started dismantling the framework which made those lives intelligible, the cues need to be made explicit.1 This is an old problem: once we start talking about traditions and roots we are actually talking about knowledge, for the real traditionalist does not know himsef to be a traditionalist. He takes himself for granted. Now, self-consciousness is afoot in the Garden of Eden, the fruit has been eaten, and in the end we force to realise that this kind of arguing about what has been lost is in fact our tradition. “It is very unhappy” Ralph Waldo Emerson wrote in his essay *Experience*, “but too late to be helped, the discovery we have made that we exist. That discovery is called the Fall of Man”.4

Does this condemn us, as Denis Diderot thought, to endless role-playing and cue-spotting? Apparently not; Americans are, after all, thought to be “unironic”, at least by Europeans. No other state has ever found its own institutions self-evident. If culture is what we take for granted—what allows us to act unwittingly and intimately, “in good faith” as the expression goes—then Americans ought to have a lot going for them. Yet, like every other development in medicine over the past two decades, the impetus behind the campaign to put the humanities back on the agenda of UK medical schools is fuelled by issues in what has been called the American “cultural wars”.3 That it should be happening when the largely tacit nature of the UK constitution is itself giving way to a far more self-consciously engineered settlement is surely not insignificant.

What follows is an attempt at a genealogy.

What kind of capability?

Medicine is dominated by problem-solving; it is a profession that thrives on capability. You can’t be a doctor if you don’t know how to do things (“Qui ne sait agir n’est pas médecin”), wrote Jean Starobinski who studied medicine before becoming a professor of comparative literature.1 Literature, by contrast with medicine, has to make do with what John Keats, apothecary’s assistant, famously called negative capability: “when man is capable of being in uncertainties, Mysteries, doubts, without any irritable reaching after fact & reason”. Keats’ phrase is so current in the humanities as to make one articulate doctor-writer suspect that it may be an excuse for not knowing anything at all.2

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What is language using us for?

Some theorists—and theory is the way some academics in the humanities rationalise their existence—believe life is ruled by repressive mechanisms embedded in language itself. This insight can be traced back to the anthropologist Claude Lévi-Strauss, who interpreted Marx in the 1950s not as a political messiah, but as a sociologist. The rather austere Lévi-Strauss, influenced by his intellectual heroes Jean Jacques Rousseau and Emile Durkheim, set out to study differences between cultures in the hope of one day achieving a universal understanding of human nature; in practice, the field of study he established ended up calling into question democracy, progress, science—even rationality itself. How did this happen? Structuralism abandoned the enlightenment narrative of progress (associated with science) and became embedded in a form of cultural exceptionalism; under its influence universal ideas were soon seen not as worthy aspirations but as culturally specific weapons that could, and had been, used against other cultures. Soon, structuralism was a thoroughgoing relativism in which “the Other”, wherever he could be found, was promoted into a true revolutionary. Michel Foucault followed him, notably, into madhouses and hospital wards. A radical antihumanism was born; indeed the very idea of man, according to Foucault, was of 18th-century invention. Jacques Derrida then extended relativism to language itself: deconstructionism posits that all of western philosophy is ensnared in language that, rather than being transparent, is opaquey corrupted and self-seeking. (That’s why it needs to be deconstructed.) Of course, the assertion that language is repressive ends up impaled on the horns of the Cretan liar paradox: all utterances are suspect except the axiom that all utterances are suspect. Adopting logocentrism as a summons to revolutionary action is therefore self-consuming, and it leaves the burnt rubber smell of paranoia in its wake.

A little intellectual suspicion can go a long way, especially since American academia learned in the 1960s to import French intellectual products, repackaging them for export to the world. In fact, when the USA inherited the White Man’s Burden in 1945, it had been hoped that its home-grown sociological tradition would rise to the challenge of finding law-like generalisations for understanding the postwar world. Government sought to become scientific. No such laws resulted, only a fearsome jargon. But the cult of the expert was under way. The social sciences advanced what has been called “the social construction of reality”, and Thomas Kuhn’s “paradigms” provided the reinforcemnts: knowledge is not an individual affair, but something worked out in paradigms vectored by scientific communities. Then came the French export boom, and postmodernism was born. Many academics now pay lip service to notions of cultures
Panel 1: Aesthetics and politics

"A society which was really like a good poem, embodying the aesthetic values of beauty, order, economy and subordination of detail to the whole, would be a nightmare of horror for, given the historical reality of actual men, such a society could only come into being through selective breeding, extermination of the physically and mentally unfit, absolute obedience to its Director, and a large slave class kept out of sight in cellars. Vice versa, a poem which was really like a political democracy—examples, unfortunately, exist—would be formless, windy, banal and utterly boring."


as constructs, the function of which is to provide "texts". Once upon a time there were writers, now there is "the author function". What used to be called a subject is now the jargon-inflected "identitarian self", the product of a cultural field generated by a "practice" (not of the Aristotelian kind). Man herself goes dressed in drag, eyebrows arched in ironic quotation marks—for this is the site where massive ideological forces clash by night. This insight is not new; it harks back to such thinkers as Thomas Hobbes, who said words are "made equivocal by divers contexts of speech". Most poets, I would submit, know that words are never entirely governable by the will. Equally, it seems an absurdity to suppose that the author is only ever a mouthpiece for his language. Language is only potentially explicit; it needs speakers. Rhyme, for example, compels a poet's mind to fight his or her artistic intention. Rhythm puts words back out on the street. For poetry is an ancient technology of grunts, mouth-noises, and laryngeal growls that uses the body as its medium. The reader's body, that is.

Let me venture a principle. If we are willing to accept that form is a coming together of mind and matter, we have a reliable criterion for judging poetry. Philip Larkin’s gloomy poetry will continue to be read because his poems are essentially life affirming; he demonstrated this by his commitment to form. Ultimately, the works of the imagination are rare, unpredicted, and mysterious in their power to move us. They are gifted and even the best poet may write only half-a-dozen truly perfect poems in a lifetime (panel 1). It is only the misbegotten poem that is negative.

Two notions of culture

Scruples about language and context is one thing; linguistic correctness another. Gone are the days when people felt morally obliged to be intelligent. Matthew Arnold famously defined culture as “the best that has been thought and written”: such is high culture, and so permissiveness ends only in dogmatism. Permanent pleasure principle is hugely important in art, total reality. If we think art is only a question of expressing our feelings, we are more impoverished than we know. We have been sold a kind of hysterical subjectivism. Art then becomes a replica of the Protestant fortress of the heart: my argument against your emoting is repelled as unjust because I am attacking you personally. Everything ends up as attitude, and discourse descends to the ad hominem level. If we are as self-conscious as Emerson suggested, then sincerity and intensity might not be as innocent as they like to appear. Perhaps one manipulating element in this issue can be unmasked if we consider that strong emotion is almost impersonal: we acknowledge this when we say “he lost his head” or “I was beside myself with rage”. These are ecstatic words. Indeed, it could be that our personal suffering is of no literary interest at all other than as representative of the human condition in general.

Many things are wrong with the belief that feel-good expressiveness is all it takes, not least its sloganising and special pleading. What happened to clarity, complexity, and dignity? Surely “empowerment” is a patronising notion: who is empowering whom exactly? And although the pleasure principle is hugely important in art, total permissiveness ends only in dogmatism. Permanent carnival is likely to become rather tawdry. Perhaps it helps to think of freedom not as an arbitrary act, as licence, but as the capacity to act in the knowledge of one’s essential needs—a freedom increasingly less explicitly acknowledged in the political arena.

Panel 2: Subjectivity foretold

"Divine honours will be paid to silver tea-pots, shallow depressions in the earth, names on maps, domestic pets, ruined windmills, even in extreme cases, which will become increasingly common, to headaches, or malignant tumours, or four o'clock in the afternoon."

The fallacy of art as therapy

Literature in medicine is presented as medicine rediscovering its roots in the humanities. In the 19th century most of the traffic was one-way, from medicine to literature: Honoré de Balzac and Émile Zola were fascinated by doctors’ methods of observation. It may be the case, however, that parts of medicine are now being colonised by an academic growth industry: creative writing departments. Self-esteem being sacrosanct, there is an irresistible need to claim that creative writing not only gets rid of the logical straitjacket and liberates the genius within, but that it is healing. This assumption stems from a secularisation of American religious attitudes (the spirit is always greater than the law) reinforced by a desire to bring literature into the serious evangelical repute once enjoyed by psychoanalysis. The pop expository style so common to defenders of medicine as therapy may simply disguise the fact that, in a society dominated by idealised images, people are so uncertain of their subjectivity that it has to be shown to them.

In our fragmented age, the temptation to do good by art may be overwhelming. But it should be resisted. Literature is under no obligation of any kind; it is free. Only enemies of art have a particular end in mind for it. Gustave Flaubert thought great works of art were pitiless: “They are bottomless, infinite, manifold. Through small

ART IS PRETTY MUCH USELESS: THAT IS ITS GLORY AND ITS HIGHER

morality, as Coleridge understood it. W H Auden famously said “poetry makes nothing happen”. He was reacting to Shelley’s exaggerated claim that “poets are the unacknowledged legislators of the world”. But surely Auden was overstating the case? A poem or a novel can, like anything else in life, affect us deeply. What matters is that the language is disinterested. “We hate poetry that has a palpable design on us” (Keats again). In an important sense, literature is language freed of its inherent obligation to inform. Its ethic is one of craftsmanship: the literary artefact is something made. It is a verbal contraption. Its responsibilities lie outside of utility, no matter how professionally inclined we might be to believe literature a moral crutch or vade-mecum. Responsibility for the artist therefore takes a different form: Charles Baudelaire spoke about “irresistible compulsion”. After all, look at the challenge involved: you have to convince the unacknowledged legislators of the world”. But surely the reader that an art which involves what Emily Dickinson called “telling it slant” can be truthful. “The real truths are those that can be invented”, said the Viennese satirist Karl Kraus.

Discretion: a virtue?

Lastly, it may be recalled that the Hippocratic Oath binds doctors to a certain discretion about other people’s lives, if not their own. People respect doctors, among other reasons, because they are discreet. Silence should not necessarily be regarded as something archaeological. After all, being a good doctor may mean turning one’s back on the one-sided development of a talent, quixotism, or even the reflexive masochism of the writer who “runs howling to his art” (Auden again). Medicine is a method, even if it looks like a fortress of facts, of facts worshipped even as superstition. To convey them we hardly need a language: a binary code suffices. Writers have to tread a peculiar tightrope: they cannot afford to be ignorant unless they want to resemble the decor, yet at the same
time their world of fact should be at best a means of luring readers into the greater (ir)reality of art.

Which brings me back to Keats’ definition. Can it be further defined? Perhaps like this: positive capability finds the facts outside itself, negative inside. Only on one side is there a possibility of getting them all wrong. A writer has to take that risk.

In defence of the reader

The accuser is god of this world, William Blake said. Stand Keats’ definition on its head and it would seem to bear out Blake: the critic is capably negative. Critics tend—infuriatingly—never to be at a loss for an explanation, though, as I’ve suggested, it is still the poets who do the real work. Let me say that the impulse behind this particular attempt at understanding is not negative: it may be a virtue to know what our values are, even if the traditions they come from are in desuetude or disarray. The critic should keep his readers alive, not age them traditions they come from are in desuetude or disarray.

The critic should keep his readers alive, not age them prematurely or infantilise them. After all, readers are just as important as writers and often lonelier. As Charles Peguy wrote: “We should never cease being readers; pure readers, who read for reading’s sake, not to instruct ourselves or as a job done.”

Uses of error: Systemic causes

When I was a young medical resident in a large teaching hospital I certified the death of an elderly brain-dead patient who had finally stopped breathing. I called his relatives, and returned to the cubicle to practise intubation. The cardiac monitor, silent for at least 20 minutes, began ticking and he started to breathe again. I stopped intubating but after an hour had to call the relatives to advise them he was still alive. They cancelled funeral arrangements and he died again after 18 hours.

I recall a private patient admitted late on Friday with bony metastases. She became confused and I discovered her serum calcium was nearly twice the normal level. I could not contact her consultant so I sought advice from the chief resident. He suggested a “lasix sandwich”—repeated cycles of high dose infusions of saline-frusenide—saline. Over the next 48 hours she diuresed over 20 litres via a catheter and collection bags overflowed. I measured all her inputs and outputs, replaced losses as fast as I could, and tracked every serum and urine electrolyte including magnesium. Exhausting for me, traumatic for her, and pointless. She died when her calcium was nearly normal. I should have let her be. That same weekend a young man with signs and symptoms of acute endocarditis was admitted. I saw him at 2 am and his aortic incompetence was obvious. On a previous case I was told I began treatment too quickly and had missed the organism. So I cultured his blood hourly and his aortic incompetence was obvious. On a previous case I was told I began treatment too quickly and had missed the organism. So I cultured his blood hourly and his aortic incompetence was obvious. On a previous case I was told I began treatment too quickly and had missed the organism. So I cultured his blood hourly and his aortic incompetence was obvious.

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Obviously I lacked experience, judgment, information and supervision—the immediate causes of error. But these and several other errors were clustered in just one medical service in a busy university hospital. The following year, when I moved 1500 miles away to an even busier hospital, the errors stopped. The services were managed very differently. The first was led by a celebrated autocrat always rushing his private clinic; an excellent clinician but too busy to be communicative or caring. The atmosphere was heavy with little discussion of published evidence or management options—just instructions and recriminations. In contrast, the second hospital had no private practice. The consultants commuted to work together in a minivan, were friends, and were accessible at all times. Every morning the chief of medicine reviewed admissions and problems at a meeting with all senior residents. He created an open, sensitive, Hippocratic atmosphere and promoted intense communication with radiology and nuclear medicine. We learned from all mistakes as a team, became therapeutic conservatives, supported each other, and made constant use of the library and medical reviews. Does such an atmosphere prevent errors on busy clinical services?

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