Wit and the lost lessons of history

General practitioners seem in urgent need of the tough reasonableness of 17th century wit

At the beginning of the 21st century we convince ourselves that we have learnt a lot about the way the world works and about how human beings function. But if we look back at the wisdom and skills of previous generations it becomes clear that we have forgotten almost as much as we have learnt. In East Coker, second of the Four Quartets, TS Eliot wrote: “There is only the fight to recover what has been lost / And found and lost again and again: and now, under conditions / That seem unpropitious.” With the heightened viral threat triggering all sorts of irrational behaviour, and the whole world precipitated into financial gloom and crisis by unfettered greed, conditions do indeed seem unpropitious, and it is perhaps time to fight again for what has been lost. Surprisingly, of all the multitude of possibilities Eliot himself would prioritise a revival of the 17th century notion of wit.

In his 1921 essay on the metaphysical poet Andrew Marvell, Eliot wrote: “The seventeenth century sometimes seems for more than a moment to gather up and to digest into its art all the experience of the human mind which . . . the later centuries seem to have been partly engaged in repudiating.” Today we understand wit largely in relation to humour and comedy, but in Marvell’s time it had a much broader meaning that Eliot defined as “a tough reasonableness” and that he claimed is “something precious and needed and apparently extinct.” Wit combines imagination and curiosity within an attribute that is indispensable for those trying to make sense of the challenges of working within 21st century health care, where the ambiguous process of making judgments about the predicament of a huge diversity of different individuals is all too apparent.

Eliot warns: “Wit is not erudition; it is sometimes stifled by erudition . . . It is not cynicism, though it has a kind of toughness which may be confused with cynicism by the tender-minded . . . It is confused with erudition because it belongs to the educated mind, rich in generations of experience; and it is confused with cynicism because it implies a constant inspection and criticism of experience.” Again, this scrutiny seems precisely what is needed today: an exploration of the constantly recurring gap between the ideal and the actual.

The radical James Leigh Hunt was a poet, essayist, critic, and friend and publisher of the poets Keats, Shelley, Byron, and Coleridge. Clearly well aware of the discrepancy between the ideal and the actual, he was imprisoned for libel in 1812 after criticising the Prince Regent. He was writing at the beginning of what was to become the Victorian 19th century, when the meaning of wit shifted and came to be increasingly associated with comedy. He wrote: “Wit consists in the arbitrary juxtaposition of dissimilar ideas for some lively purpose of assimilation or contrast, generally of both.” Again, we have the notion of the creative importance of recognising and exploring paradox and incongruity. Later in the 19th century the novelist George Eliot described wit as “reasoning raised to a higher power” and as “that wonderful and delicious mixture of fun, fancy, philosophy, and feeling.” Anyone working in health care needs a plentiful supply of this particular mixture, and yet there seems precious little space for it within the empty rhetoric of a world class service.

We have got ourselves into a bizarre and uncomfortable position where biomedical evidence, which should always be regarded as tentative, is translated into an ever more complicated system of rules, which are then enforced by the exercise of powerful financial incentives and computer based surveillance. In a courageous essay in this month’s edition of the British Journal of General Practice (2009; 59:376-7, doi:10.3399/bjgp09X420725) Jonathan Richards points out the ways in which this enforcement is slowly and insidiously corrupting the data from general practice and so the scientific record. Anyone working in general practice will recognise his description of the pressures that are being brought to bear. It is surely only a matter of time before the corrupted data are used as evidence to justify the policies that have created them. We seem in urgent need of the tough reasonableness of 17th century wit and to rediscover the imperative of inspecting and criticising our experience.

Doctors, particularly in primary care, are caught at the nut of two conflicting goods: the legitimate aspiration to improve health through the systematic application of science; and the fundamental liberty of people who have the right to live their lives according to their own hopes and values and to ignore standardised medical advice if they so choose. The first, with its often exaggerated hope and claims, is the latest in a long line of longed-for utopias, so Isaiah Berlin is perhaps another person whose wisdom we should strive not to lose. His life’s work was, in essence, to argue that there can be no utopia, because all utopias require all people to share the same aspirations, while individuals tend to yearn for different and potentially conflicting goods.

The task for us all is to find ways of holding incompatible goods in a constructive rather than a destructive tension. Powerful financial incentives should not be allowed to distort this delicate balance, which in its juxtaposition of dissimilar ideas is the essence of wit.

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