An Unrepentant Confusion of Art and Science: William Carlos Williams and Julian Tudor Hart

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William Carlos Williams and Julian Tudor Hart have always been a private source of enjoyment for me. Once agreeing to talk about them and their practices, I had to find reasons to connect them for you and, in undertaking that process, to connect them for myself.

Williams and Hart have been great teachers for me. That is what draws me to them. They both have written about and acted on values which are the core of what we do as physicians and teachers.

I would like to discuss three relationships: Williams on the relationship between medicine and language, Hart on the relationship between science and clinical work, and both on the relationship of the physician to his community.

Medicine and Language

William Carlos Williams died in 1963 at age 80. The centennary year of his birth was celebrated by an international community of poets, writers, and scholars. There were articles in medical, as well as literary journals, about his life, his ideas, and his work. Robert Coles wrote in *JAMA* outlining his own relationship to Williams when Coles was a young medical student.[1] Coles now uses Williams' poems and stories in a course in medical humanities at Harvard.

The most remarkable aspect of Williams' life was that he combined the full-time practice of medicine and writing. His third stroke in his mid 70s was the only thing that stopped him. For over half a century, he lived, saw patients, and wrote at 9 Ridge Road in Rutherford, New Jersey. His life was a continuous intermingling of art and medicine, at times through coincidence—as when he roomed with Ezra Pound in college, beginning a combative but lasting friendship. Other times, Williams deliberately sought out the artistic and literary community and brought them to his door. He settled in Rutherford partly because of its proximity to New York City, and would participate in and support the avant garde movement, housing homeless artists in "rural Rutherford." Often he spoke of his frustration at not becoming a successful artist, and in one interview said, "Under different circumstances I would rather have been a painter than to bother with these goddam words. I never actually thought of myself as a poet but I knew I had to be an artist in some way. Becoming a poet was the way life arranged it."[2]

Williams settled in Rutherford in 1911 when it was gradually becoming an appendage to the complex of mills and factories which had sprung up in northern New Jersey. The town, and those nearby, quickly became home for increasing numbers of southern and eastern European immigrants, who came to America in the '20s to work in the sweatshops and mills. What Williams may have wanted was the idealistic practice desired by many medical students today—a practice in a small town with good schools, no pollution, and within driving distance of a large city. What Williams got instead was a practice full of tenements, poverty, disease, and quiet despair. In writing about Williams' own comments on medicine and poetry, James Breslin in his book *William Carlos Williams: an American Artist* says:

> "While his (Williams) autobiography dreamily theorizes about medicine and poetry, (his) stories document the often harrowing life of a small town doctor, his irregular hours, conniving patients, hysterical parents, reluctant children, the unspeakable filth and vulgarity of their surroundings—a life peculiarly suited to sap the energies of a high-strung, impatient and sensitive man like Williams."[3]

Williams did not find his energies sapped, but rather found the fuel that fired his art. Something in those people sustained him for 50 years. There was what Yeats called, a terrible beauty present in the life of Rutherford, New Jersey.

Williams' life reads like a history of twentieth century medicine. Having trained in the pre-Flexnerian era, he continued in solo practice until joined by his son in the 1950s. His life as a poet and novelist would also change over the course of 50

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years—moving ever more assuredly to adopt an American tone and voice, describing things which occupied his life and stimulated his imagination.

> "When the mood possessed me, I wrote," he said. "Whether it was a tree or a woman or a bird, the mood had to be translated into form. To get the line on paper. To make it euphonius. A poem was an image, the picture was the important thing."[2]

Perhaps the reason Williams' reputation as a poet has grown since his death and his writing is increasingly a source of study and comment in contemporary literary criticism is that he consciously sought to counter the influence of European writers. He was a supporter of small college journals, radical literary magazines, and any artist who shared his special vision of American poetry as new, clean, and devoid of the allusional footnoted work of Eliot and his contemporaries. Williams resented the fact that one could not read and appreciate the prevailing poetry of Europe without an education in the classics. He felt that emotion and its expression involved a language which reflected that of ordinary people. His direct, non-ornamental poetry was regarded as primitive and unsophisticated until critics began seeing the beauty of great ideas expressed simply.

Marshall Marinker in his 1977 Yorkshire Oration said:

> "It is not on the planes of pathology, sociology, or psychology, but on that plane of the imagination which embraces the concepts of whole person medicine. This sort of medicine requires from the doctor not only a knowledge of the language and grammar of diseases, but also of human mythology, a mythology which reaches deep into the origins of the species, the race, and the society."[4]

The mythology of which Marinker speaks is one interwoven with the search, both individual and societal, for why we suffer and how we heal. To use only the language of medicine and the language of everyday life is to neglect the third language, the language of literature, which transcends the particulars of a culture or of a time. It is this language which describes the truths buried within the experience of life.

The Art of Listening

As physicians, we come from a tradition of storytellers. I remember an afternoon some years ago when I was accompanied by a psychologist colleague who was observing my consulting style. The afternoon was full of complicated patients with whom I thought I had not done particularly well. At the end of the day my colleague's only comment was one of amazement and wonder that people had actually paid me to sit and listen to such stories as we had heard that day. Writers scour the earth to hear such things, such touching and terrible things, as we hear nearly every day.

We earn our living by listening to the stories told us by our patients, and use information from these stories to help the patients deal with their distress. We consult books and journals for information about what we have translated into the biomedical language of medicine. But the patients we talk about with each other do not fit into *DSM-III* or *ICHPPC*. We tell each other of patients who are troubled by known and unknown demons; we remind each other of patients who have tortured us with their problems over the years.

William Carlos Williams, primarily in his short stories and his trilogy of a working class family, translated the words of his patients into clear, hard prose. He himself said:

> "The stories are all about people I know in town, portraits of people who were my friends. I was impressed by the picture of the times, depression years, the plight of the poor. I felt furious at the country for its lack of progressive ideas. I felt as if I were a radical without being a radical. The times—that was the knife that was killing them. I was deeply sympathetic and filled with admiration."[2]

He used his anger and his sense of injustice and wrote about his patients. No social critic, no historian, has written more movingly of what it was to struggle and keep on living in those times. He told us of both doctors and patients who failed. His short story "Old Doc Rivers" says much about the contradictions inherent in a small community, about impaired physicians, about cowardice and courage.

In an extraordinary chapter in his autobiography entitled "The Practice" Williams writes of the unique relationship of physicians and poetry.

> "The physician enjoys a wonderful opportunity actually to witness the words being born. Their actual colors and shapes are laid before him, carrying their tiny burdens which he is privileged to take into his care with their unspoiled newness. No one else is present but the speaker and ourselves, we have been the words' very parents. Nothing is more moving."[5]

In a series of remarkable descriptions of the merging of personalities and emotions of doctor and patient—what he called "adopting the patient's condition as one's own—Williams not only describes the creative act for himself but points out how we might learn it. We can listen to our patients with a different ear; we can take the poetry, the words our patients use, their stories and their dreams, and share them with others.

Robert Coles wrote about Williams' stories:

> "It can be said that fiction was for this particular writer a means of reconciliation.... Lives healed could become lives presented to others, and always made an occasion for moral instruction or ethical inquiry."[6]

Williams wrote:

> "The relationship between physician and patient, if it were literally followed, would give us a world of extraordinary fertility of the imagination. It is there, it is magnificent, it fills my thoughts, it reaches to the farthest limits of our lives."[5]

It is this imagination mentioned by both Williams and Marinker that presents a challenge for us. Can we create new ways of telling each other what we see? Can we listen, and talk with patients in a different way? If we can, then we stand to reap great dividends for ourselves and our profession. As Williams put it, "That language to which we have

been listening all our lives, a new, a more profound language, underlying all the dialectics, offers itself. It is what they call poetry."[5]

In his essay entitled "The Bridge of Language," Northrup Frye pointed out three important uses of language; the descriptive, objective, informational language of science; the abstract language of transcendance or philosophy; and the metaphorical, creative, expressive language of immanence or poetry.[7] The language of medicine is clearly the language of science — concrete, specific, consistent, and measurable. In his essays about literature, Williams says that within the context of the doctor-patient relationship there exists the secret gardens of the self, which can only be discussed in another language. Williams often spoke of "the thing, the thing of which I am in chase" which represents an unnamed, unnameable moment of experience that pushes him to use both the transcendant and metaphorical languages of poetry and philosophy to try to capture it. We have seen it — each of us — at times least expected, from people least likely to say, out of the corner of our minds, as Williams wrote "just there, the thing in all its beauty may for a moment be free to fly guiltily about the room." It is for those moments that we continue to do what we do.

Science and the Clinician

Julian Tudor Hart is a British general practitioner who lives and practices in the village of Glyncorrwg in the coal mining district of South Wales. He has been in the same village for almost 25 years, having moved there when the previous GP, like many GPs from Cronin's *The Citadel* to the present, got burned out and retired early. Hart has built a centre of health care, a community laboratory for research in the problems of populations of patients, which is known throughout the world for the quality of its work. He has published more than 120 articles in major journals such as *Lancet, British Medical Journal,* and *Journal of the Royal College of General Practitioners.*

He has authored a textbook on hypertension for community practitioners. He leads a research team to study the effects of dietary sodium in the natural history of hypertension. He has developed the model practice in Great Britain for screening conditions and risk factors for coronary artery disease. He is one of the great community epidemiologists of our time. Despite the difficulties of attracting younger practitioners to practice in the Welsh valleys, he continues to work and write in a village ravaged by unemployment, the elimination of the coal industry, and diminishing hopes for a better future.

When I worked in the village in 1979 and 1980, Julian and his wife Mary introduced me to the idea of shoe leather epidemiology. They told me that when they were training in epidemiology with Professor Archie Cochrane in Cardiff prior to starting practice, they spent the year knocking on doors in the coal mining villages of South Wales to get accurate health information from families. They learned research and data collection, not at the computer terminal, but in the rain in cold winters in Welsh valleys. This work shaped their own sense of research as a community affair. As Hart said:

> "It is possible for an ex-miner with progressive massive fibrosis to search out nonrespondents in the soap and steam of the pit-head baths and use what breath he has to lecture them on their moral duty to science and their fellow men; but it is not possible for ambitious young academics to go to the same place in the same way and explain how very important it is that they should ascend higher on a pile of their own publications."[8]

After learning this lesson in research, Hart said:

> "It seemed to me that it might be possible for general practitioners with some epidemiological training to fuse research and service functions to the profit of both; so I looked for a place to try. I wanted a well-defined, stable population that one doctor could cope with, surrounded by a wider population equally well-defined that might eventually be available for a wider expansion involving adjoining practices."[8]

He and his wife found Glyncorrwg and are still there 25 years later.

Specialist and Intellectuals

In his famous 1959 Rede lectures, C.P. Snow wrote of the widening gulf between science and people. He used the metaphor of the two cultures to speak of the separation of science from the experience of the everyday world, of the growing antagonism between increasingly specialized scientists and increasingly aloof intellectuals and writers. Now 25 years later, we realize that irrational subspecialization has left science abandoned, adrift without integrators or synthesizers, without those whose responsibility it is to understand the purpose and morality of science and define its limits. Snow painted the picture of intellectuals as Luddites, bent on condemning technology and the scientific revolution without seeing their potential benefits to suffering humanity.[9]

It is quite symbolic that shortly after Snow first talked about the two cultures, Julian Tudor Hart began practice in Glyncorrwg with the expressed purpose of using the principles of epidemiology and modern medical science to bring improved care to the area of Britain with the greatest need. And from inside his practice, he has continued to work and write about science, and its benefits to patients.

In his article, "The Marriage of Epidemiology and Primary Care," Hart describes the evolution of his effort to bring science and patient care together in his practice.[8] It is not the story of a brilliant researcher who does some clever work and then receives a large career investigator grant to carry on a lifetime of work. It was five years in a solo practice with one of the highest consultation rates in Britain (which in Britain's National Health Service does not mean more money, only more work) before Hart had organized his practice records enough to begin to ask research questions. It was ten years before he received any support for the research, had a research assistant, or began to analyze his data in a form which could be presented to his colleagues.

During that time, he continued work full time as a solo GP, writing occasionally on the state of science and medical education.

In 1973, I was in my first six months of teaching and practice, feeling ill prepared for both, trying to counter the prevailing sentiment which I had heard expressed at a number of family practice educational meetings that one could not possibly teach, had nothing to offer without a minimum of five years' private practice—not any practice but private practice. A colleague, to whom I shall forever be grateful, passed me an article which he had just read in the *Lancet* and thought might interest me titled the "Relation of Primary Care to Undergraduate Education." It was a concise, articulate, and moving personal statement of the history, status, and future possibilities of general practice. It rang like a bell in me, becoming something to which I have returned time and time again. Hart reviewed the history of general practice since the beginning of the National Health Service and set out a series of challenges to educators, medical schools, and his fellow general practitioners. Think of the impact of Hart's words on a very unsure and very embattled new teacher:

> "The medical schools do not deliberately set out to impart smugness, careerism, and values unrelated to the needs of real patients in the real world; it comes quite naturally to them."[10]

He went on to say:

> "Real social change is not brought about by good publications alone nor even by the creation of small centres of excellence, even when they are sited where they are needed, in our industrial areas; at best these are proofs of what might be done, and at worst a prop to establishment complacency. Real social change depends on the mobilization of those social groups who will gain from it against those who will (or think they will) lose; the effect of publications, heroic person examples, and all the rest depends entirely on the extent to which they assist in such a mobilization."[10]

After some time in the library, I found that he was not only a writer of enormous personal style but someone who had made his mark in research and science. He had studied the process of case finding in communities—screening defined populations for hypertension. He described long-term outcomes of hypertensive patients. He described the effect of severe salt restrictions on blood pressure and sodium excretion, not in a small number of volunteers locked away in some hygienic clinical research unit getting paid for reading the latest magazines and putting their urine in bottles, but of salt restriction of whole families who live in cold, wet stone cottages, whose favorite diet is chips and beans, and who collect urine in bottles dragged 2000 feet underground and then three miles to the four-foot face of a coal seam because the doctor who has cared for them and their familites for 25 years has convinced them that all people will benefit from their sacrifice. Hart has written:

> "Science must escape from its imprisonment in the teaching hospitals and the laboratory, become the possession not only of every medical worker, but of patients also, and resume that exponential growth that has been no illusion, but the most hopeful fact of the 20th century."[11]

Family Medicine and Science

As an academic discipline, we have been searching for our own particular vision of science. We have had to move from exhortation, to education, to the hard work of reassessing the basic assumptions of our discipline. Gregory Bateson wrote that "science probes, it does not prove."[12] If we are to be scientists, we must be fearless in examining our own work. If we are to be teachers, we must communicate that fearlessness to students in a way that will not only help them answer their own questions but make them uncomfortable enough to go out and challenge what we have told them.

Other than a few exceptional individuals, there is little tradition (in this country) of research based in communities and controlled and directed by doctors who live in those communities. Unless that tradition changes, and there are signs that it will, we will suffer increasingly from our own tunnel vision.

During the past ten years, Julian Tudor Hart has used the organization and the rigor he has applied to the study of hypertension to focus on the whole structure of prevention and the work of prevention. Hypertension has become, for him, the symbol of the challenge of clinical excellence. If, as a discipline, family medicine has made a case for including information about the most immediate social system, the family, as important data with which to make clinical decisions, then the natural extension of our work is the systematic, anticipatory care of whole populations. Hart has said:

> "The obstacles both to the balanced development of medical science and to its application are those of social organization: the episodic nature of care, lack of continuity, poor communication, and indirect or distorted motivation—a general failure to create the conditions required for safe and effective experimental medicine at a personal or population level."[11]

If we believe as Bateson said that "science is a way of perceiving and making what we may call "sense" of our perceptions,[17] then as a discipline our contribution to science may be the view from the individual outward, into the world. This contrasts with the view from the individual inward, which is the domain of the biomedical scientist, and the view from the population inward, which is the domain of public health. We practice the medicine of context, studying and experimenting with the interdependence and interaction of individuals and their surroundings, of the part and the whole. This is our corner of science. This is a region which we are in a unique position to explore.

Another theme present in Hart's work is that we, as teachers in a new educational discipline, have the obligation to equip students and residents with a positive attitude toward change in society, and give them the tools to carry it out.

The point of science, the meaning of our work, is to make the world a better place, not in some abstract sense, but for our patients, in our com-

munities, in our lifetimes. Hart has written:

> "In medical education we should be redefining the intolerable, helping new generations to reject what we have bent to and to express their rejection in great deeds and small words."[10]

The Community Base

In my mind the relationship which relates Williams and Hart most powerfully is their relationship to their communities. It has been an American custom to deal with frustration, dissatisfaction, and general career malaise by reading the want ads, talking to a few friends, packing the family into U-Haul vans and moving on. It seems almost a national rite to get fed up and leave, go somewhere else and try it again, to sing the song of the open road and find another town. Part of this may be a perceived need for career advancement and part the tendency that we all have to believe that the next valley over has greener pastures. When I was in Glyncorrwg five years ago, I surveyed the general practitioners in our district of South Wales and found to my surprise that only five of 116 had ever been in more than one practice in their lives.

Williams and Hart represent commitment to a community of 50 and 25 years respectively. In both cases, it was not for want of other things to do, or other opportunities. It is because they and their communities are in uniquely symbiotic relationships, each helping the other endure enormous economic and societal changes. Williams was often asked why, after he was widely accepted as a major poet, he did not simply leave practice and devote himself full time to writing. His famous reply was that he could not do that because:

> "Medicine and poetry are for me one and the same thing. One occupation complements the other, that they are two parts of a whole, that it is not two jobs at all, that one rests the man when the other fatigues him. His only fear is that the source of his interest, his daily going about among human beings of all sorts, all ages, all conditions will be terminated. That he will be found out."[5]

Hart's commitment to his community reflects similar reasoning. He has spent his life organizing his practice as a research laboratory to analyze and understand patterns of medical care and the influence of that care on the lives of patients. He went to one of the most medically underserved areas of Britain because he is committed to working for social change in places that most need it rather than the gracious villages within a short drive of London. As he outlined in the Inverse Care Law in 1971:

> "The availability of medical care tends to vary inversely with the needs of the population served. This inverse care law operates more completely where medical care is most exposed to market forces and less so where such exposure is reduced. The market distribution of medical care is a primitive and historically outdated social form."[12]

For Hart, it became a question of living out his values, of doing what he could to change the Inverse Care Law in one coal mining village through the provision of excellent care in an organized and compassionate manner. In my opinion, it is this strong belief in combining service to people and social change that has kept Julian Tudor Hart in Glyncorrwg.

However, whenever I find myself beginning to idealize the physician-poet or the physician-scientist-activist, I am reminded of the phrase from the Brothers Karamazov that "love in action is a harsh and dreadful thing compared to love in dreams."[13] Both Hart and Williams have faced the reality of love in action. No commitment to a principle is without cost. Williams' hard language, the anger and desperation that he felt about the knife of the times that was killing his patients, and the tough, almost callous tone that he takes in his stories, were means to help him survive in a world that seemed more bent on destroying beauty than creating it. As Robert Coles has said of Williams, "he believed that in the midst of deceit, abandonment, exploitation, there is at least the possibility of love."[6] It is the love in action that has sustained both Williams and Hart.

But this love of their communities, like most relationships, has had difficult periods, times of darkness, which came when it seemed that they could not stand any more sadness. Williams had periods of depression when his writing was ignored, or he seemed unable to accomplish the tasks he had set for himself. This man, who by his own description wrote furiously between patients, on the way to and from house calls, or at almost any other time, fell silent for years, struggling with his demons, working his way out of the darkness with great effort, sustained primarily through the care of patients.

Julian Tudor Hart has tried unsuccessfully for years to acquire younger partners interested in the same combination of research and service as he. I think he realizes that no one person will be capable of doing what he has done; there will be other ways and other communities chosen by young enthusiastic general practitioners to carry on the principles of anticipatory care about which he has spent his career studying and writing. But his village continues to suffer the attrition of families forced to leave their homes, young people with no prospect of work in a community with over 40% unemployment, of a cultural shift away from village life toward suburban sprawl.

It is the dedication to their communities and self-renewal through their work that perhaps are the greatest legacies that Williams and Hart have left us. In an article Gayle Stephens gave me years ago entitled "A Place Called Community" Parker Palmer said:

> "Community is a by-product of commitment and struggle. It comes when we step forward to right some wrong, to heal some hurt, to give some service. Then we discover each other as allies in resisting the diminishments of life."[14]

Williams and Hart certainly found strong allies not only in their home communities but in the community of minds of which we are all members.

What has attracted me to these two men as teachers is their passionate nature which makes them test their ideas against the world. They are both men of overpowering intellectual vigor who seem driven by the need to talk, to do, and to write. They love their work because they believe in it. They suffuse their writing with emotion, challenge, and opinion because they are interested in moving people, and in changing them.

William Carlos Williams and Julian Tudor Hart are exceptional men working in unexceptional situations. Having worked with Julian, I know that he grumbles when he gets called out in the middle of the night to see patients, but he goes. Williams wrote in his autobiography that:

> "The actual calling on people at all times and under all conditions, the coming to grips with the intimate conditions of their lives, when they were being born, when they were dying, watching them die, watching them get well when they were ill, has always absorbed me."[5]

Of his life, William Carlos Williams said, "What becomes of me has never seemed, to me, important. But the fates of ideas living against the grain in a nondescript world have always held me breathless."[5] Those ideas have had profound effects on the structure of twentieth century American literature.

Julian Tudor Hart once wrote, "I shall perish in an unrepentant confusion of art and science in the grand old cause of returning both to the people."[15] In the village of Glyncorrwg, in a small health centre full of patients bundled against the rain and damp, Julian Tudor Hart is, even today, returning art and science to the people.

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