Europe and the experiment. They coincided with the foundation, in 1065, of the Nizamiyah in Baghdad, a theological seminary, and the end of 200 years of intellectual enquiry and toleration in Islamic culture; a few decades later the first European university opened at Bologna. Joseph Needham wrote his book The Great Titration (1969) to puzzle out why Chinese civilisation had, after leading the world intellectually for several centuries, turned away from the development of capitalism and the sciences. Christendom could have gone the same way, too: one of the early Church Fathers wrote, 'after Christ, we have no need of curiosity.' But that fundamental dual concept of humankind was strengthened by the Christian doctrine of rendering unto Caesar... Hence the saeculum, which has no equivalent in Islam, and the uniquely Western idea of 'dialogue', a kind of market exchange in the ideological sphere.

Watson's fundamental sympathy is realist: knowledge is something out there, not wholly under the control of the explorer himself, if it is to be credited as a discovery. Accordingly, his synopsis suffers from realism's usual problem: blindness about the historical specificities that made it possible. (Descartes, for instance, saw no reason to doubt his Latin or French.) It therefore comes as no surprise that Watson should regret in his conclusion that 'man's study of himself is his biggest intellectual failure in history'. The 'science of human nature' entertained by the 18th century, when it was still believed that the human species like all others was unalterable, has not been successful because its methods have been falsely propagated by analogy with the natural sciences. History itself is an activity of thought: 'it is the discerning of the thought which is the inner side of the event' (RG Collingwood). So having scaled the great discoveries of the 19th and early 20th century, we emerge with Watson on the intellectually impoverished plateau of the present. Perhaps Ideas, for all its funambulant high jinks, is itself symptomatic of this lull in inventiveness. It fails to explain how the development of ideas has brought about the kind of absolute anthropological awareness that helped Peter Watson to his overview.

# **lain Bamforth**

### 3-7 April

MRCGP Preparation Course RCGP, Princes Gate, London Contact: Events Department E-mail: events@rcgp.org.uk Tel: 0207 344 3124

#### 4-5 April

Minor Surgery Course
Foresight Centre, University of Liverpool
Contact: Anna Reid
E-mail: mersey@rcgp.org.uk
Tel: 0151 708 0856

## 5-6 April

Minor Surgery Course The Woodlands Centre, Chorley Contact: Debbie Leyland E-mail: dleyland@rcgp.org.uk Tel: 01925 662351

#### 5 April

Managing Long Term Conditions 2006 London Hilton Metropole Contact: Gavin Johnstone E-mail: events@rcgp.org.uk Tel: 01925 662143

### 7 April

Dermatology Study Day
University of Winchester, West Downs
Campus
Contact: Dr G M Fairris
E-mail: cwhite@rcgp.org.uk

## 11 April

Tel: 01962 879961

Joint Injections half day workshop Liverpool Medical Institution, Liverpool Contact: Anna Reid E-mail: mersey@rcgp.org.uk Tel: 0151 708 0865

### 25 April

Joint Injections half day workshop Liverpool Medical Institution, Liverpool Contact: Anna Reid E-mail: mersey@rcgp.org.uk Tel: 0151 708 0865

# 26-27 April

Palliative Care in Primary Care — Module 2
The Woodlands Centre, Chorley
Contact: Debbie Leyland
E-mail: dleyland@rcgp.org.uk
Tel: 01925 662351

## THE ROAD TO NOWHERE

I'm writing this in the middle of nowhere, stuck on a train that is 3 hours later than the one I was hoping to catch, because I had to stay in for a plumber who failed to turn up because I wasn't at home when they rang to check if I was at home. As I'd arranged for the plumber to call between 3 and 5 pm, I naturally thought that getting home by 2.30 pm would be enough. They'd phoned at 12.30 pm, and again at 1.30 pm, to say they were rearranging the appointment for another day. After I'd listened to the answerphone messages, I rang them to say I was at last in, as I'd said I'd be. 'That's OK', said the chap on the other end, 'our plumber will be with you between 3 and 5'.

He wasn't, though. When I phoned at ten past 5, a recorded message told me that the office was closed, and would I phone again during their opening hours, which were 8.30 am to 5.30 pm.

So here I am on a late train, which is getting later, and I seem unlikely to get to my hotel much before 10 pm. There will be no-one in when the plumber calls later this week. Theirs is the second company to fail to send a plumber. The first lot cancelled an appointment, apologetically fixed another one, to which they failed to turn up. When I phoned them they found the job number and couldn't understand where their chap was.

These are all private companies. I know things go wrong. Nothing is perfect. But, private or public, things will continue, every now and then, to go wrong. Every fault in the public sector is assumed to be because of useless public sector workers who are stalling Our Great Leader's reforms. Hospitals or schools, private money and ambition will set things to rights. Except — lo and behold! — Hewitt has had another vision. Forget the hospitals; tell them all to get out into the community with their clinics and treatments.

I don't think Hewitt is wrong in thinking that patients with chronic diseases in the community tend to be ignored, and that the NHS concentrates too much on acute and sexy illnesses treated in hospital. But why didn't the Labour government think so 9 years ago? And how long will it be before all is turned on its head yet again?