

HOUSE

Unauthorized

Vasculitis, Clinic Duty,
and Bad Bedside Manner

edited by
LEAH WILSON



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TUESDAYS AT 9/8 CENTRAL
House, the Show

A show like House M.D. doesn't just come forth fully formed; it's the end result of months or more of work by writers, directors, producers, designers, and a long list of other folks who labor behind the scenes. Glenn McDonald treats us to his imaginative version of one part of the process, and along the way highlights exactly what it is about House that really makes it House.

HOUSE, T.B.A.

GLENN McDONALD

As is typical with network television pilots, the initial concept for Fox's enormously popular medical drama House underwent many permutations before finally making it to the small screen. Attentive viewers will recall that when the pilot first debuted, the full title was House M.D. This was intended to better convey the show's essential structure as a medical procedural, as opposed to, say, a forensic procedural, police procedural, military procedural, legal procedural, military-legal procedural, historical procedural, or any of the other countless procedurals that now constitute 95 percent of television network drama.

What is not commonly known, however, is that for much of its incubation period, House wasn't a medical drama at all. Well before the pilot episode was even filmed, the concept for House had gone through several substantial, even radical changes. In fact, the very profession of the title character was in flux from the first pitch meetings. Only after a long and difficult process of rewriting did Gregory House find his home at Princeton-Plainsboro Teaching Hospital.

What follows is a collection of script excerpts from earlier versions of the House pilot.

HOUSE Unauthorized

"HOUSE, HEATING AND PLUMBING CONTRACTOR"
PILOT EPISODE
DRAFT #4b

INT. RESIDENTIAL BATHROOM — DAY

GREGORY HOUSE, Heating and Plumbing Contractor, addresses three of his apprentice workers in a cramped suburban bathroom. Listening attentively are ERIC FOREMAN, attractive and ambitious; ALLISON CAMERON, attractive and earnest; and ROBERT CHASE, attractive and arrogant. After INTRO CREDITS, we CUT to the scene, in media res. . . .

HOUSE

. . . so remember, that which does not kill you only gives you third-degree burns on your face and hands. Now, then, let's turn our attention to this charming ceramic washbasin. It appears to present as a leaky faucet. What else do we know?

CAMERON and FOREMAN share a frustrated look.

FOREMAN

It is a leaky faucet.

HOUSE

To the dim and inattentive layman, yes. But we're all trade school graduates here, I think, right? Cameron, what do you see?

CAMERON

I see a faucet. It's leaking.

HOUSE

Doctor shows these days are a dime a dozen. You can expect a certain level of quality from them, but rarely anything more. House, though, is the exception—right? Not really, Steven Rubio says . . . or at least not most of the time.

“THAT WAS A TEN”

Why House Is More Ordinary Than House

STEVEN RUBIO

He’s a Jerk

There’s no accounting for taste.

A group called the Parents Television Council announced in its annual “Faith in a Box” analysis of religion on television that Fox was “by far the most anti-religious network” when it comes to prime-time broadcasting (Gildemeister). Some of their reasons were unsurprising. They seemed to be particularly angry at *Family Guy* and *The Simpsons*. But they also cited an episode of another Fox series, *House*, where, as they explained, “House tells a religious patient that the patient is either psychotic or a scam artist for believing that God speaks to him.”

The PTC quite accurately describes the titular character as follows:

Dr. House is a genius but also an eccentric and a borderline misanthropist. He’s has [sic] been in severe pain for years and has become addicted to Vicodin. In addition, his pain has made him cantankerous and resentful. His social manners are questionable and House shows almost zero tolerance to those

patients who complain about trivial issues, lie to skip work, or claim to have a disease not recognized as such by traditional medicine. House is a scientist more interested in diseases than in people . . . (PTC).

The PTC apparently thinks this makes *House* a bad show, while I'd argue it is the main thing that makes *House* worth watching.

On *House*, we have one of the great characters in television, acted by Hugh Laurie at the top of his game. And it's not just Laurie: without House's snarky behavior, this would be just another doctor show, no matter how good Hugh Laurie is. House is a terrific character who wouldn't be nearly as terrific if he didn't have to suffer from self-analysis and he suffers because he is flawed, not in the curable way of an Andy Sipowicz, but in a fundamentally misanthropic way that is fairly unique for popular television.

Laurie is capable of taking a character with no apparent signs of empathy or kindness and getting the audience to understand, through his acting, that there is something more underneath the surface. Yet it often seems as if the people making *House* don't know what they've got. It is a bit silly to complain that Hugh Laurie's employers don't appreciate their star when Laurie is the focus of much of the show's promotion. Fox is perfectly willing to let Laurie represent *House* in the public eye. But such confidence in the star isn't always as clear when you look at actual episodes from the series. *House* generally relies on its formula, only breaking away about once a season for A Very Special Episode that they can use to get Laurie nominated for an Emmy. Watch enough episodes and you can practically set your clock in advance and predict what will happen and when. The result, as often as not, insults the viewer, undercutting the best thing they've got (Laurie and the character of House), as if they don't believe their good fortune.

Take a highly-regarded early season three episode, "Lines in the Sand" (3-4). The patient *du jour* is a ten-year-old autistic boy. The episode, unsurprisingly, follows the standard formula (unusual, hard-to-diagnose disease; several red herring diagnoses; a trip breaking-and-entering to the patient's home looking for clues; and an a-ha moment for House a few minutes before the end of the episode where he solves the mystery;

"That Was a Ten"

all mixed with interplay designed to show what a jerk House is). But "Lines in the Sand" rises above the normal *House* episode largely by being better than most at the little things which make *House* a fine series, in particular his interactions with colleagues and patients (one hesitates to use the word "friend" to describe any of them, even House's purported best pal Wilson). *House* often walks a thin line between subtlety and a more obvious pounding on the viewer's head. Exquisite moments arise when the subtle approach takes precedence. It is then that Hugh Laurie is allowed to convey depths in the character of House that aren't apparent on the surface. *House* fails when they lose sight of that subtlety. And that is when the audience is insulted.

House makes an unusually deep connection with the patient in "Lines in the Sand," because, as he points out at one point, he envies the autistic child:

This kid doesn't have to pretend to be interested in your back pain or your excretions or your grandma's itchy place. Imagine how liberating it would be to live a life free of all the mind-numbing social niceties. I don't pity this kid, I envy him.

Unlike House, we in the audience feel pity for the autistic kid, but we do have an object for our envy: House himself. We, too, can imagine being liberated from social niceties. House generally acts as if he is already liberated in that regard, and one of the pleasures of watching *House* is seeing its main character stomp on those niceties.

Wilson makes a different connection to House's behavior. Mirroring the online guessing of many fans, Wilson wonders if perhaps House has Asperger's Syndrome, a mild version of autism that features "difficulty establishing friendships and playing with peers" and "trouble accepting conventional social rules." Hospital administrator Dr. Cuddy gets directly to the point, replying, "House doesn't have Asperger's. The diagnosis is much simpler. He's a jerk." She apparently convinces Wilson, as he later lectures House:

You're not autistic. You don't even have Asperger's. You wish you did. It would exempt you from the rules. Give you freedom. Absolve you of responsibility. Let you date seventeen-year-olds. But, most important, it would mean that you're not just a jerk.

In these moments, *House* approaches excellence. The show's formula helps illuminate the main character. Note that Wilson's speech is not intended to turn his friend into a better person (although he does make the attempt at other times in the series), but instead describes House in the same terms Cuddy had used earlier: he is a jerk. (This is a good thing because it rejects the usual "let's learn a lesson" approach to television in favor of character-driven writing.)

There are advantages to having House remain a jerk, the biggest one being that it separates *House* from the pack of medical shows on TV. There must be a balance, though, between his jerky side and his potential salvation. Some of us are just happy to have an energetic curmudgeon on our televisions, but without the possibility of a "New House," the show would stagnate. In "Lines in the Sand," the balance is struck at the end of the episode, when the autistic boy gives his treasured PlayStation Portable to House (House regularly plays video games, while the boy often seemed able to connect solely to his PSP). Hugh Laurie plays the scene just right; we see the tiniest breakdown in his defenses as he accepts the gift (and young Braeden Lemasters is also muted and effective as the boy).

If the creators of *House* truly trusted their audience, the episode would end with the boy and his family leaving the hospital, with perhaps a last shot of House's face. But, as is too often the case, our intelligence is not trusted. First, as the boy and his family are preparing to leave, House says to Wilson that on a scale of one to ten, having your child saved from death is a ten, but the parents are "clocking at a very tepid 6.5" because while they love their son, they will be returning to a very difficult life as parents of an autistic boy. The family begins to leave, the boy gives House his PSP, they exchange looks, the family walks out of the hospital . . . and Wilson pipes up with, "That was a ten."

An entire attitude towards the audience can be summed up in those four words. A show that trusted its audience wouldn't need Wilson's

They say you always hurt the ones you love. The writers of House take that literally: the explanation for Princeton-Plainsboro patients' mysterious ailments can almost always be traced back to their families. It's a strange pattern for a show without any overt family focus. Jill Winters puzzles out the meaning behind the disturbing trend.

DYSFUNCTIONAL FAMILY IN RESIDENCE

Disturbing Group Dynamics in House M.D.

JILL WINTERS

There are two core elements of fascination that anchor each episode of *House*. A bizarre, hard-to-diagnose illness is one. The brilliant but antisocial Dr. Gregory House is the other. Week after week, we step into the fictional Princeton-Plainsboro Teaching Hospital (PPTH). We meet different patients—and the concerned relatives by their side. We see the head of Diagnostic Medicine, Dr. House, and the team of specialists by *his* side. But *House* is a deceiving show and nothing should be taken at face value.

The curious maladies that *House*'s patients suffer always appear to be something other than what they are. *House* appears not to care about his patients—as more than science projects, really—yet he reveals, through sheer persistence, that he often cares the most. *House* is a show built on giving us a picture and then inverting it. Family enters the stage to lend support, but usually ends up being the cause (whether direct or indirect) of a patient's distress. In fact, despite the myriad representations of family in *House*, very few—if any—are flattering. Too often to be an accident, *House* strips “family” of its generally positive associations—that of stability, safety, and protection—and instead reveals it to be an ignorant,

negligent, or even perverse mess of toxic destruction.

But to what end?

The series premiere opened on elementary school teacher, Rebecca Adler. While teaching, she suddenly lost control of her speech and then collapsed. Fast forward to the PPTH, where Dr. House and his team were discussing her case. As Drs. Foreman, Cameron, and Chase ruled out the illnesses that were “highly unlikely,” House casually pointed out, “She’s twenty-nine years old—whatever is wrong with her is highly unlikely” (1-1).

While I was watching, I couldn’t help thinking that perhaps the *most* unlikely aspect of Rebecca’s plight was the fact that no one came to visit her at the hospital. A sweet, young school teacher with no concerned family members at her bedside? An off-handed remark was made that her students were her family. Here *House* began setting the tone for what would be its inherent disrespect for the institution of family—albeit very subtly. While Rebecca’s family was not depicted negatively, it was glaringly not depicted at all. Family as a support system was simply absent.

The tapeworm that had traveled to Rebecca’s brain had been a random fluke. However, as the series progressed, the medical anomalies became less random, and more preset—or at least *bound* to happen. Whether due to heredity or personal history, the source of a patient’s trouble can almost always be traced in some way to his or her family. Of course, there’s little we can do about our genetics. But family behavior—or more specifically, the wrong choices that family members make—is a different matter, and one that seems to be a main concern of the show. Embedded in the continuing text of *House* is the implication that one’s family is the primary source of one’s pain. The medical diagnoses vary, but it is in the *details* of a patient’s family that we see this theme carried out consistently.

A homeless woman lost consciousness and, after an array of strange symptoms, Dr. House diagnosed her with both cancer and rabies. One could argue those afflictions were the least of her problems. It turned out that she’d become homeless after her husband and son were killed in a car wreck—a car *she* had been driving.

A woman who suffered mysterious seizures and mental confusion ended up killing her baby. Ultimately, Dr. House figured out that she had Celiac disease, a hereditary condition that went untreated and eventual-

Dysfunctional Family in Residence

ly caused a kind of psychosis. Now add to that the disturbing details: her husband had turned a blind eye to his wife's increasingly bizarre behavior. Self-indulgently, he drowned himself in the proverbial bottle, and by the time she finally snapped, he rebuffed her with disgust.

A teenage girl exhibited aggressive behavior. Dr. House wound up with a shocking diagnosis: testicular cancer. She was actually a *he*—a boy born with “male pseudo-hermaphroditism.” If only that had been the biggest revelation . . . but alas, there was something else. Apparently the girl's father had been having sex with her, unaware of her true sex—and she'd encouraged it in order to control him.

If you want to look for the subtexts in episodes like these, you could assign them rather quickly. Mother as destroyer. Husband as schmuck. Father as abuser. However—thematically—*House* goes beyond this. Disturbing family details are more than cheap tricks and shock value. They are focused, deliberate. Family becomes a metaphor for the coterie of people we surround ourselves with—our closest allies—often to our own peril.

Young interracial couple Tracy and Jeremy both began suffering the same symptoms—throat swelling, abdominal pain, and more. As always, it was a rapid-fire yet arduous process for the PPTH team to figure out what was wrong. Dr. House's final diagnosis was something Tracy and Jeremy never could have predicted. Hereditary angioedema, a rare genetic disease that they *both* had. It turned out that the two were actually related. Unbeknownst to them, Jeremy's father had had an affair with his next-door neighbor, Tracy's mother, years ago. Tracy and Jeremy were lifelong friends before becoming romantically involved, never suspecting they had the same father.

According to Jeremy, his father had flown into a rage when he discovered his son was dating Tracy; he went on racist rants, claiming he was against the relationship because the girl was black, and even broke his son's arm in one of his tirades. The man committed suicide, never telling Jeremy and Tracy that they were half-siblings or that he was suffering from the rare genetic disease he'd passed on to them.

This is an abundantly anti-father episode. We have father as adulterer, abuser, hypocrite, and bigot. We have father as bearer of “bad genes.” We have father as ultimate villain *and* ultimate coward.

There's a lot of deception in House. If you ever wished you could have a fool-proof guide that told you who was lying, who was telling the truth, and why, you're in luck—Craig Derksen has laid it all out for you . . . including the one thing you can always, always trust.

EVERYBODY LIES EXCEPT FOR THE CGI

A Practical Guide to Deception in House M.D.

CRAIG DERKSEN, PH.D.

“**e**verybody lies” is the catch phrase of *House M.D.* In fact, much of the vaunted diagnostic prowess of the main character Dr. Gregory House comes from his ability to see through deceptions. However, the lies that drive the show are not random, but rather a structured set of deceptions that never seem to be without cause. Just as some people have created guidelines as to how to survive in a horror movie based on the patterns of the genre, we can formulate a list of guidelines to detect deception in *House M.D.*

Without further ado, I present the rules to deception in *House M.D.*

Some General Comments about the Diagnosis of Deceptions in Fiction

There are many conventions about deception in fiction, and like all fiction, *House M.D.* follows some of these conventions and disregards others. One of the most prominent of these conventions involves characters concocting overly elaborate stories to hide their deceptions. *House M.D.* has not indulged in this particular theatrical device. Some shows (most

situation comedies, for example) present us with elaborate webs of deception and attempt to entertain us with the uncomfortable feelings we experience as those webs are spun. Even though *House M.D.* is as much about deceptions and their consequences as *Friends* or *Three's Company*, its treatment of these deceptions is unlike the treatment of deception in these shows. The deceptions in *House M.D.* lack their overwrought complexity. Interestingly, the lies in *House M.D.* are usually concealed by the most mundane, uninteresting stories. There are exceptions, like in the episode "Cursed" (1-13), where the patient's father went on a spiritual retreat but told his son that he was a fighter pilot. But even in this case, the fighter pilot story was mentioned only in passing and there was no attention drawn to it. Part of the reason for this is to make the lies more difficult to discover. If we smelled an elaborate story, we would expect a lie right away. The mundane stories, on the other hand, slide right past us without a moment's notice.

Often *House* takes note of these stories, but that is only because of his fictional ability to know *exactly* what an appropriate response is relative to a situation; stories that seem bland to us seem overly elaborate to him. *House* himself concocted an elaborate lie when he relayed his own medical history in "Three Stories" (1-21), replacing himself with Carmen Electra. But while we suspected that he was lying, the scope of the lie was unclear.

Identifying appropriate responses is a skill that not everyone possesses to the same degree.¹ But *House's* ability to detect appropriate responses, and his personal disregard of them, is practically supernatural. *House's* suspicions in the episode "Sports Medicine" (1-12), when Foreman showed up a few minutes late for work claiming that he had car trouble, is a perfect example of this.

While *House M.D.* does not spoon-feed us its deceptions, they are still detectable and non-random. *House M.D.* does not follow the tradition in television where mysteries are solved based on a mere pittance of under- or over-determined clues. It is often quite difficult to find deductive fic-

¹ I once had a friend who would respond to any insult with the harshest string of expletives that he could manage. With repeated instructions ("You can respond to 'stupid' with 'jerk' or 'idiot' but not '\$&*\$%^&^', ok?"), he eventually learned how to escalate insults proportionately

tion that allows appropriate use of one's abilities. Even children get annoyed by the randomness of *Scooby-Doo, Where Are You?* and the Choose Your Own Adventure novels, or the obfuscation of the mystery by production failures, like when the acting in *Murder, She Wrote*, conceals important clues.

It is common to identify deceptions in fiction based on the conventions of the type of fiction in question, which tell us what counts as clues and how to interpret them. We all know that, in any given episode, *Murder, She Wrote's* Jessica Fletcher will solve the mystery based on some random prompting that allows her to see something that she had previously missed. *House M.D.* often appeals to this same convention, as well as the timing of it. When there are ten minutes left in the show and House goes to see someone, often a patient in the clinic, we can be pretty comfortable in assuming that something will happen with that person that will allow House to correctly diagnose that episode's illness.

There are two narrative conventions that contribute to the sort of event just discussed—the convention of the problems being wrapped up in the last ten minutes, and the convention of an incidental event revealing the key to solving the bigger problem. Many people are annoyed by the resolution-in-the-last-ten-minutes convention, but such annoyance is somewhat unjustified. Certainly such a convention is problematic in that it makes the arrival of the resolution expected rather than surprising. However, it is not like stopping the ticking bomb with only one second left on the timer. The amount of time left in the show is not a fact internal to the story; it is a fact external to the story. The last ten minutes can take from less than ten minutes to several days, weeks, months, or even years of fictional time. Internal to the show, House does not figure things out in the last ten minutes, he figures things out and that's what makes it the last ten minutes. What is there for a diagnostician to do when he's already diagnosed the disease? The fact that the major problems in *House M.D.* are resolved in our last ten minutes, not theirs, is a useful convention for us. When a character makes a claim in the last ten minutes, and sticks to it despite being badgered, we can usually trust that it is the truth.

On the other hand, the fact that the resolution to the show is prompted by an external cue unrelated to the problem is something that can be

A LIMP, A QUIP, AND A CANE
House, the Character

One of the most delightful things about watching House is what an unapologetic bastard House is: he lies, he cheats, he steals; he mocks with abandon. That's nothing, Brit Karen Traviss says. You should see her country's protagonists.

THE WAY OF THE BASTARD

KAREN TRAVISS

He's arrogant, rude to patients, and dismissive towards his colleagues. He's out of his skull on painkillers a lot of the time. The milk of human kindness doesn't flow in his veins. Dr. Greg House is a beastly, *beastly* man.

Hang on, though. Let's look at him through the eyes of a nation raised on really nasty anti-heroes—Britain. Even one of our iconic kids' TV characters, Dr. Who, has a long history of being a right Bastard—high body count, abandoned assistants, even a spot of genocide now and then. He's much more sympathetic in the latest series, but that Bastardness is still there, and remarked upon by the characters.

So, by that yardstick, is House *really* a bastard? Hell, no. He's pretty loveable, actually, at least in comparison.

U.S. TV doesn't seem to do complete anti-heroes. In many ways, this walking advert for Vicodin is more sinned against than sinning. (And we Brits don't get all the angst over Vicodin, by the way. But more on that later.)

One of the most striking things for a British TV viewer is that so few U.S. series have central characters who are also genuine Bastards. Even

Vic Mackey of the sublime *The Shield* isn't a proper full-on Bastard. Okay, so he beats ten shades of the brown stuff out of suspects, and murders fellow officers, and steals drug money, but his redeeming features—love of his kids, loyalty to his mates, the willingness to give deserving scumbags a good smacking, sheer physical *courage*—make him more of a loveable rogue. Provided you're not a gangsta, Vic would be a pretty good neighbor by our reckoning.

There's a school of thought over here in the U.K. that American TV shies away from showing good things happening to, or emanating from, bad people because there's some fundamental moral lesson required in every show. Some of my compatriots put that down to cultural immaturity—a kind of Panglossian social optimism—or a national lack of willingness to embrace the fact that shit happens and bad guys do win the lottery. They cite the strong religious component in the American psyche: sinners have to be punished, and they have to be *seen* to be punished, if not by the end of the episode then certainly by the end of the first season. (Dr. House is punished with every painful step he takes.)

But I don't think the “only good guys can win” accusation is fair. What we're seeing is a different cultural approach to fiction, nothing more complicated than that. This is simply the style of American TV drama that has evolved over the decades, and it has some roots in Greek tragedy—a genre preoccupied with showing the causality and consequences of our actions. I spend more time talking to Americans than I do Brits most days, and it's clear to me that it's more a matter of taste than belief: there's no naïveté, no subconscious belief that the world really is the way American TV depicts it. It's just what Americans watch to relax. Just because someone reads Harry Potter doesn't mean they believe the universe runs on magic, after all.

Turn this national stereotyping on its head, and it's equally easy to accuse British TV of being unnecessarily gloomy, of ignoring the statistical incidence of nice, normal folk in soap operas, and offering no uplifting message to viewers. We're a nation of whining misery-guts, always bemoaning the decline of everything and how it's bound to get even worse. We nod knowingly when bad things happen to other countries, because “that'll learn 'em.” We're joyless.

It's even too crushing for me sometimes. One of the many reasons I

The Way of the Bastard

don't watch the wrist-slashing downbeat BBC soap *EastEnders*, for example, is that if I want to see low-life scumbags robbing, cheating, and fornicating their way through the day, I can just drive back to the dog-rough city where I grew up and stare at my former neighbors. Except, of course, that 99 percent of them never indulge in the doom-laden excesses of the soap world anyway. The soap is a fantasy about how much worse life could be, to make you feel lucky by comparison: it's dark and apparently tricked out with the props of reality, but fantasy nonetheless. Dark and depressing doesn't equal authentic any more than unalloyed happy endings do.

Actually, there's one area where British TV *does* slide into over-optimism—and that's in its medical dramas. Despite daily evidence to the contrary in our own state-run National Health Service, we tend to like our medical dramas populated by clever doctors and caring nurses who always have time to get involved in patients' problems. *Casualty* and its spin-off *Holby City* are classics that have their roots firmly in the respectful and uncritical *Emergency Ward Ten* of the 1960s. These long-running series are all set in big, busy hospitals and focus on emergency medicine, with a little topical controversy to spice it up. Staff make mistakes, nurses shag their way through the doctors' rotation, and management gets in the way—but, basically, they're all depicted as good competent folk trying hard to get through the day without killing too many patients, with varying degrees of success. It's sympathetic, and it's obviously set in an alternate universe where time operates differently, because the doctors and nurses can all spend a lot of quality time finding out the very smallest details of their patients' private lives. Such are the demands of drama, though: nobody can make a decent medical series without fabricating that excessive degree of involvement.

But let's return to Greg House and the divine in hospital drama.

Using the Greek tragic model, House has been burdened with a gift from the gods. He's a brilliant diagnostician. He's not just good at his job: he's much, much smarter than anyone else around him, and, in a way, he's treading on divine turf because he's so very good at unraveling the mysteries of life.

But he's not a god, and we never see him deluding himself by thinking that. Being a rude, cocky, patronizing pain in the arse isn't a God

complex, not in House. His relationship is with the puzzle rather than the patient. He doesn't appear to get off on having that power over people's lives, which is the hallmark of the God-complex: "Your life is in my hands!" That kind of power—a staple of medical fiction—is all about influence over people. The act of finding stuff out and of being right isn't the central pivot of that mindset.

No, House is more Prometheus: the smart-arse who got a bit too cocky with his flaming power from the divine, his red-hot gift of diagnosis, and whom the gods decided to slap down with a perpetual dose of pain, except in his case it's a necrotic muscle rather than eagle-eating-your-liver syndrome. House has paid, and keeps paying, for being such a clever dick and making everyone else look dumb. That's his main crime.

If House's sin were being handsome, he wouldn't have to pay the price. If he were rich, he'd get away with being happy with it. If he were a brilliant athlete or elite spy, we'd grant him his ticket to enjoy life. But House's sin is being *clever*. He's intellectually brilliant. And, in our cultures—American and British—society abhors extreme intelligence, especially intelligence that dispenses with false modesty. Nobody loves a smart-arse. The clever must be put in their place and cut down to size.

House's chronic pain problem is integral to this. You want to be that smart all the time? Well, take *that* all the time. No wonder House has made nasty into an art form; he started out charm-challenged, and when the pain started, he had a head start in the curmudgeon stakes compared to most folks. He's in constant agony. Chronic pain erodes you, exhausts you, and makes you irritable. Of *course* he's going to be short with self-pitying, non-compliant patients or dim-to-average colleagues. He has to suffer fools *and* pain. And what has he done to deserve it? He's on the far end of the bell curve when it comes to brains. It's the revenge of the average, not the wrath of the gods. And they deny him respite.

Much has been made of House's Vicodin habit, which can baffle British viewers. Until I spoke about this to friends with pain problems, I wasn't aware of a moralizing attitude toward painkillers in the U.S. that we just don't have over here; at times, it looks almost religious to me, that pain is good for your soul, and . . . well, maybe you deserve it, so why should we offer you a palliative? There also seems to be a fear that