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DIAGNOSIS:
AND
SPIRITUAL HEALING

F. G. CROOKSHANK
M.D. (Lond.), F.R.C.P.

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APPLIED PSYCHOLOGY

DIAGNOSIS :
AND
SPIRITUAL HEALING

BY

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F. G. C.



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THE THEORY OF DIAGNOSIS

THE BRADSHAW LECTURE GIVEN BEFORE
THE ROYAL COLLEGE OF PHYSICIANS,
LONDON, ON NOVEMBER 4TH, 1926.

Mr. President and Fellows of the College :—

My first duty is to acknowledge the responsibility of commemorating the professional and domestic virtues of him whose sorrowful relict became in 1880 our eponymous benefactrix.

This responsibility is, however, not unmixed with gratification, for I succeed, *sed longo intervallo*, one whose memory should still be green within these walls: Dr. Vivian Poore, who in 1881 gave here the first Bradshaw lecture.

Amongst the Fellows of this College there have been not few more learned in the History of our Art and of our Science ; there have been others more nicely versed in the subtleties of some narrow specialism ; and there have been many

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excell the other, to wit, the Therapeuticke, the which without the Diagnosticke is of small use or profit.”

Formerly, the greatest masters of scientific method, as Harvey himself, were accustomed to interpret their observations in the light of those fundamental principles that compose the very matrix in which all true sciences are formed. But the separation between philosophy and natural science that marked the close of last century became so wide that, although reaction has set in and many are now eager to discuss the general validity of scientific conclusions, medical men are still prone to assert that Medicine, as a science, stands, and must ever stand, upon a so-called solid base of observed fact and planned experiment, in complete dissociation from all mental discipline as such.

It is in sympathy with this attitude towards inquiry into the mental processes by which we obtain our ‘facts’ that all trace of metaphysics, logic, and philosophy has disappeared from medical education since, in becoming more medical, it became less educative.

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Profoundly dissatisfied, Dr. Mercier, ten years ago, wrote that while the fundamental concepts in every calling are the most difficult to define, and the definition of them is not arrived at until late in the history of that calling, nevertheless, in every calling a time must at length arrive when such definition is needed, and that such a time is now arrived in the history of Medicine.

Now Medicine, so far as itself a science, is (as Hobson says Natural Science is in its every stage and its every department) a conceptual scheme, and not a perceptual intuition. The need for clear definition of the integral concepts of Medicine is therefore at least as imperative as is the practice of that form of indirect or analogical observation by experiment, which to so many seems to afford a better *point de départ* than does direct observation at the bedside or in the field.

It is necessary to insist upon the conceptual aspect of Medicine as a science, for—again to quote Hobson—in modern times most men of science have until

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recently been dominated by that philosophical theory of knowledge—essentially unnecessary to scientific methods—known as physical realism. The influence of this theory is never more prejudicial than when unconsciously sustained by those who loudly proclaim the freedom of Medicine from philosophical thrall!

No further excuse seems needed for an attempt to say what we have in mind when we speak about “this so noble a part of Physicke”, and to give an account of its theory: that is to say, to explain it by appeal to first principles in terms that are independent of medical doctrine.

Yet if success is to be obtained—and by success I mean not finality but the clarification of thought—we must give ear to Galen, and “come to agreement quickly about Names, getting soon to the Things themselves, and spending on these only our time and trouble, for most of those who call themselves educated do otherwise, . . . and so do never perfect their Art.” (7.45.)

Important though it be to distinguish between Names and Things, it is no

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less so to distinguish between the Names by which we express our Thoughts about Things, these Thoughts, and the Things that are thought about. This triple distinction between what I have called Names, Notions, and Happenings—or as Messrs. Ogden and Richards say, perhaps with greater propriety, Words, Thoughts, and Things—should be maintained during every discussion. We should therefore think separately: of *diagnosis*, the name, or verbal symbol: of the notions for which this symbol has stood, and the explanations thereof; and of the processes concerning which these notions and explanations have been entertained. In so doing we follow the injunction of William of Occam, greatest of English philosophers, and choose always the *suppositio* beneath the word; whether the Word be employed physically, or *materialiter, pro voce*: conceptually, or *simpliciter, pro intentionae animae*: representatively, or *personaliter, pro re*. This is what Ogden and Richards intend when they speak of the Word or Symbol, standing for a mental *Reference*, which

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itself represents the *Referents* we observe or think about.

2. DIAGNOSIS: THE NAME

“ Verumtamen praesentium rerum cognitionem proprio nomine διάγνωσιν, hoc est dignotionem, appellare consuevimus.”

GALEN (18.2.24)

The Greek word *diagnosis*, with its congeners, is infrequent in the Hippocratic Collection, though less so than may be thought, since some translators have avoided the use of exact equivalents, apparently because the full Greek meaning is not always thereby conveyed. Recourse has been had to periphrasis; and the suggestion that the modern English usage of the word is not that of the Greek has been avoided.

Without doubt, Dr. Withington—to whom I am more than indebted—is right when he says that in the Greek the connotation of the particle *dia-*, in *diagnosis*, is at least as intensive as discriminative: his view is supported by the fact that, though no formal definition

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of the word appears in Hippocrates, Galen, in whose writings it is exceedingly common, does define it (in the *Commentary upon the Prognostics of Hippocrates*) as the *clear cognition*, or *gnosis*, of things present. (18.2.24). So, too, when he declares that it took him long to make the fundamental *diagnosis* of the pulse—that the artery not merely rises and falls, but expands. (8.771).

Later writers seem to have used the word mainly in copying from Galen; and, although *dignoscere* is Augustan it is said not to occur in Salernitan translations, or in mediaeval writings generally. I have not seen it in any Latin work earlier than the last part of the sixteenth century, when its revival was probably due to renewed acquaintance with the Greek of Galen. (Withington).

Diagnosticke we have seen as an English substantive in 1625 (Hart), but *diagnosis* does not occur till 1681, when Pordage, in the glossary to his translation of Willis, defines it as *dilucidation*, or *knowledge*.

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Later the word does not appear to have been greatly used for nearly a hundred years, and then somewhat differently. In 1731, de Sauvages had attempted to classify diseases as if they were indeed objects or groups of objects in Nature: in Sydenham's words, "to be reduc'd to certain and determinate kinds, with the same exactness as we see it done by botanic writers in their treatises of plants" and possessing "certain distinguishing signs which Nature has particularly affixed to every species". Faber has shown how Linné, fired with enthusiasm, applied to diseases his own aphorism "*Species tot sunt diversae quot diversae formae ab initio sunt creatae*" and caused a *Genera Morborum* to be compiled for the use of his own pupils. The fashion spread, and in 1771 a new era in modern medicine commenced when Hélian published his *Dictionnaire du diagnostic, ou l'art de connaître les maladies et de les distinguer exactement les unes des autres*.

Now, whatever we may hold a *species* or *genus* to be, no disease is ever a discrete

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object of perceptual experience in the way that a plant is; and, while much may be said on grounds of convenience for classifying the various kinds of illness we recognize, the implication that *diseases* are classifiable entities and that the art of diagnosis only came into existence after their recognition as such, is a consequence of our failure to follow Harvey's example, and to inquire, with Aristotle, whence and how knowledge reaches us. Moreover, we cannot accept the identification of a process with one of its own modalities, as a definition of that process. Now, although Cullen in 1772 introduced into Scotland a systematic nosology based upon symptom-complexes, and Price in 1791 published in London a *Treatise on the Diagnosis and Prognosis of Disease* (or, as Forbes gives it, *Diseases*), English physicians, on the whole, long regarded diagnosis as a process applicable to persons rather than to diseases, and displayed little enthusiasm for the botanical classifications of de Sauvages and his followers and the specifist doctrines of the later French

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Organicists headed by Bretonneau and Laennec. Nevertheless, in Forbes's translation of the latter's famous *Traité* (1834) we find such a phrase as "the diagnosis . . . of pneumonia"; and the advantages of classifying clinical phenomena and creating diseases by the correlation of sign-groups with post-mortem patterns, in the style of Laennec, became so appreciated that for many years to interpret in terms of specific diseases was almost the only duty of the diagnostician. Thus in 1882 the New Sydenham Society's *Lexicon* laid it down that diagnosis is the distinguishing of things, the noting of symptoms, whereby a disease or plant *or other object* may be known for what [it] is and not another.

The following year Hecht, in the *Dictionnaire encyclopédique des sciences médicales*, defined diagnosis as "*cette partie de la pathologie qui a pour objet la distinction des maladies entre elles*"—a definition persisting so lately as 1904 in Dunglison's *Dictionary of Medical Science*, which states diagnosis to be that part

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of medicine whose object is the recognition or determination of the nature of diseases and the knowledge of the pathognomonic signs of each. By the new *Oxford Dictionary* diagnosis, in the medical sense, is said to be the determination of the nature of a diseased condition, or the identification of a disease by careful investigation of its symptoms and history, together with the opinion, formally stated, resulting from such investigation. The same dictionary gives the general, or biological meaning, as "distinctive characterization in precise terms". That it is characterization which is of the essence, rather than characterization in terms of any particular convention, is implied by Dr. Christian when, in the *Oxford Medicine*, he writes that diagnosis depends upon a proper evaluation of signs and symptoms recorded by all available means and interpreted with the critical judgment of a large common sense.

Thus do we return to Galen's definition of diagnosis as clear cognition of things present, and to the right to employ, without doctrinal or conventional pre-

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judice, this word which, first used by the Father of Medicine, has been absent from literature during long periods of time, and to-day is more than ever conspicuous in our verbal equipment.

3. *DIAGNOSIS : THE EXPLANATIONS*

“ Les définitions qui doivent être regardées comme non prédicatives sont celles qui contiennent un cercle vicieux.”

POINCARÉ, *Science et méthode.*

It is disappointing to the student of Medicine to find, during the last hundred and fifty years—a period coterminous with what Singer calls the Reign of Law—so easy an acceptance of linguistic subterfuges which, however convenient when teaching students, are yet responsible for much confusion in the minds of students grown to be teachers.

In former days the physician brought to Medicine a mind trained in the theory of knowledge : like Galen and Locke, he made contributions thereto. Diagnosis was then the application to the field of medicine of a method of thought already learned. So, when in the sixteenth

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century such physicians as Fernel discussed the First Principles of all Science in their *Institutes of Medicine*, the theory of diagnosis flowed naturally therefrom, and called for no separate discussion.

In the nineteenth century the case was altered.

Together with a distrust of logic and philosophy, and a strange belief that science alone gave a sure foothold, there grew up a desire to contain Medicine within a cincture; and to-day many a student obtains no better idea of diagnosis than that it is what we *do* when we encounter a disease: and of a disease, than that it is the sort of thing we diagnose when we encounter it.

Of course, so long as Sydenham's pleasant fancy was accepted as a premise, and it was believed that, in Nature, there are objective and real, even if immaterial entities called diseases, denoted by fixed characters, and, *ex hypothesi*, the proper subject of diagnostic studies—for so long was it impossible to define diagnosis otherwise than as the art of distinguishing between diseases. This

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premise, unfortunately, is even yet not decisively repudiated; but when the nosological systems still perpetuated in our *Official Nomenclature of Diseases* first became rife, those who, like Jeremy Bentham, then combated the errors of physical or scholastic realism, had not sufficient technical interest to develop the application of their arguments to Medicine, whilst Marshall Hall, in his book *On Diagnosis* (1817) merely said that the diagnosis of *diseases* constitutes the foundation of the Practice of Medicine, and such medical logicians as Lanza (1826) cared more to undertake medical research (as they called it) by ratiocination than to discuss so humdrum a process as diagnosis appeared to be.

Even Oesterlen of Heidelberg, whose *Medical Logic*, translated by Whitley in 1865, ably exposes the vice of treating names of diseases as if representing existent objects, finding diagnosis fallen amongst thieves, passed by upon the other side, and spent energy in a laboured attempt to torture Medicine into compliance with the Procrustean demands

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of Mill's 'Science of Inductive Logic', or 'Inductive Philosophy', as it was called.

Perhaps in Medicine we still tend to use the word *induction* emotively, rather than intelligently, and without any clear logical connotation!

At any rate, Barclay, who in his *Medical Errors* (1864) spoke of the "positive induction that forms one of the elements of the deductive argument by which we arrive at the true diagnosis of disease" tried hard, in his *Manual of Diagnosis* (1857-70) to analyse diagnosis in terms of the prevailing logic; and suggested that the best method of teaching it was to lay down rules whereby the student might distinguish the diseases described to him in the schools. He never questioned either the adequacy of the heroic attempt to resume all clinical phenomena in terms of diseases only, or the permanent validity of the nosological distinctions in vogue at the time of the Great Exhibition. Still less did he appreciate the exercise of the diagnostic art by the greatest physicians

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of all time, long before the promulgation of these distinctions! Indeed, we get, in some sort, the impression of an excellent photographer of the period who, writing about Art, ignores the efforts of Phidias and Leonardo in their regrettable lack of acquaintance with the technique of the carte-de-visite and the dry plate!

The truth is that Barclay, whose text-book long remained deservedly popular, had no inkling of the scholastic doctrine of *ficta*, revived in these latter days to teach us that the primary concepts of the physical sciences are subjective interpretations, justified by their convenience and the measure of instructed assent that they may obtain, but not as perceptions of reality.

And so, again girdling Medicine with her own zone, he explained diagnosis as the application to any particular case of the lessons taught by Semiology and Nosology. Just so might we define Literature as the application to a particular theme of the lessons taught us by Calligraphy, Dactylography, Stenography, and Typography!

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The professed logicians were not more happy than the logical doctors in their dealings with this subject.

Bain (1870), like others, ignored routine diagnosis and, whilst condemning realism in the scholastics, showed himself, like many philosophers, a realist in Medicine ; giving rules for the naming of diseases, which (he said) are generally localized in separate organs or tissues.

To Jevons (1877) diagnosis was the operation of discovering to which class of a system a certain case or specimen belongs : an operation performed by the serial rejection of the infinite classes with which the case does not agree. We still do nominal honour to this scholastic operation, implying the reality of classes, when we speak of diagnosis by exclusion ; but Jevons did not care to examine what generally happens. He set out what people would have to do in order that logicians might say they were behaving in the way they ought. And he ended by believing that they did so.

For many years after Jevons the

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question was not reopened. But since the South African War many books have been written professedly devoted to Diagnosis as the most important part of Medicine. These books give excellent schemes for the physical examination of the patient, whilst strangely ignoring, almost entirely, the psychical. The materials are arranged semiologically or topographically, rather than nosographically, and all allusion to therapeutics is foregone. But they agree with text-books of Medicine generally, in avoiding all discussion of first principles, and, so far as possible, any attempt to define disease or diseases, or any hint that the nosological convention represents only one method of diagnosis. Such attempts as are made to define diagnosis are usually either descriptive or involve an obvious *circulus in definiendo*. Thus one author tells us that diagnosis is pre-requisite to accurate prognosis and effective treatment, so that the true end and aim must be the earliest possible recognition of any disease (1922); a second, that diagnosis is the method

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of distinguishing from one another diseases that have symptoms more or less alike (1925); a third, that a correct and integral diagnosis is the *sine qua non* of rational therapeutics and one that conforms to reality, as shown by the evolution of the malady, the success of the treatment, and the findings at the necropsy!

However, three determined efforts have lately been made to grapple with the subject, and all hail from North America.

Dr. Stanley Ryerson gives a clear method of case-taking, but attempts once more to explain diagnosis in terms of inductive logic. Yet, since Mill himself defined induction as the process by which what is true at certain times, or of certain individuals, is inferred to be true in like circumstances at all times or of a whole class, it is difficult to see how diagnosis can be said to be an induction, or an inference from known particulars to an unknown general. There is a better logical case for speaking of diagnosis as *deductive*; for frequently though quite wrongly, some diagnosti-

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cians persist in inference from an assumed general to a present particular !

Dr. Lewellys Barker, in the *Oxford Medicine*, says rightly that in bygone days there was, as now, recognition by only a few that groupings of signs of illness are conceptual and to be changed when the purpose changes. But we feel the ghostly presence of the Victorian realists and logicians as we turn Dr. Barker's many informative pages, and trace the steps we are told we take, or ought to take, when we tread the path of diagnosis.

Dr. Barker distinguishes the Philosophy, the Science, and the Art of Diagnosis : and we are told that, in the application of the Science to the Art, there being recognition of a problem to be solved and a feeling of diagnostic difficulty, data are accumulated, the anamnesis is recorded, and the *status praesens* investigated, while the catamnesis and epicrisis are duly noted ; so that, data being summarized and arranged, diagnostic suggestions are considered, and, hypothesis not being under-valued,

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fundamental relations are thought of and elaboration by reasoning, submitted to testing, is guided towards the End. But what is this end—the final cause, in Aristotelian phrase—of diagnosis? It would almost seem, from what Dr. Barker tells us, that diagnosis is the function we discharge when, diagnostic difficulty being felt, we decide between diagnostic suggestions, in order that we arrive at diagnostic conclusions—a solution reminiscent of Raymond Lully when he said that the digestion is the form by virtue of which the digestive digests the digestible !

Dr. Warren T. Vaughan very nearly hits the mark when, in a modest essay that avoids all sophistication, he compares the act of diagnosis to a detective enterprise. For the detective, employing no formal logic or scheme, reasons as does every man in every hour of his life ; making use of his acquired knowledge and experience, he interprets what he observes by means of his common sense. But this is what Dr. Christian says the diagnostician does. In other words, and

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if we may talk of faculties, the detective and the physician alike exercise what Sturt calls some common constructive or reconstructive faculty, and do *not* adopt any of the rationalized methods that logicians and novelists say they do. They both, however, do adopt conventions more or less peculiar to their respective callings.

In Rignano's language, play is given to two fundamental activities, the one intellectual, the other affective. Images of the past are evoked by the present, and the mind seeks the satisfaction that is attained when a judgment that well serves our purpose is achieved. More simply still, diagnosis is just the first stage of the physician's work: the process of forming and expressing those judgments, concerning the present state of the sick, that guide us in our office of healing; and it consists in observation of the sick, interpretation of what is observed, and symbolization of the interpretations accomplished.

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4. DIAGNOSIS : THE PROCESS

“ Deux grandes opinions se partagent le monde médical depuis l'antiquité jusqu'à nos jours. Elles se retrouvent au fond de toutes les écoles qui ont apparu successivement sur la scène.”

SAUCEROTTE : *L'histoire et la philosophie.*

Thus considered, diagnosis ceases to be an esoteric process for finding out 'what is really the matter'. We do not confuse it with any particular diagnostic convention, or assume that they who do not diagnose as we do do not diagnose. We appreciate that it is not governed by strict rules, or comparable to the identification of a postage stamp by reference to a collector's catalogue. Finally, we proceed to investigate diagnosis by the methods of psychology, recognizing that, like logic, it is a matter for psychologists rather than for the logicians who have so dismally failed us at their own business. This being so, we come to regard diagnosis as a kind of reflex process which, regarded subjectively, resolves into three members ; whereof one is perceptive, or observational ; another, associational, or interpretative ; and the third, efferent, or symbolistical.

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Every response to injury then becomes at once a reflex and a diagnosis ; and the reparative effort, once regarded as something put forward by a *vis medicatrix naturae*, is better understood as the effective symbolization by the organism of the cognizance that it takes of the lesion.

The salamander who, its tail being removed, sets about and grows a new one, and the cat who, feeling ill, seeks and finds the grass that cures, both make diagnoses that may be instinctive but are perfectly adequate to the occasion !

The surgeon may reply that one salamander cannot grow a new tail for another, and the salamander may retort that the surgeon cannot grow a new leg even for himself ! Still, both salamander and surgeon, like all living creatures, exercise diagnosis in their own measure, and according to their own opportunities.

Moreover, Signorina Locatelli has lately shown that the reparative powers possessed by newts are exerted through the nervous system, in such fashion that we have to reckon with not only a generalized tendency to repair, possessed by every

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tissue and by every cell—whereof (as Professor Leathes has recently said) the persistence is, by definition, required for the very maintenance of living existence—but with a specialized regional reflex system which, for some creatures, assures the reproduction even of a limb. May we not inquire then if some healers, even when ‘unqualified’, do not possess some instinctive diagnostic and healing faculty that finds expression practically rather than verbally, but *for others*; a faculty analogous to the instinctive mathematical gifts of the strange calculating boys?

At any rate, the observable diagnostic series seems to extend, with gradual transition, from the so-called instinctive and selfish processes of the lower animals to the highly rationalized and of course altruistic judgment-formations of the medico-legal expert; so that the only convenient criterion, restraining the word diagnosis to forms of human endeavour, is that of verbal expression, or symbolization. We are then burdened with the task of distinguishing between ration-

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al and irrational, or—what is not the same thing—orthodox and unorthodox symbolizations.

However, recognition of this evolutionary aspect of diagnosis—stressed by Martinet when he said that “*les degrés divers actuellement réalisés par la science diagnostique reproduisent les étapes mêmes de l'évolution diagnostique au cours des âges*”—carries with it an obligation to undertake comparative studies that has been insisted upon by Masson-Oursel, though it was Rivers who first pointed out that some primitives practise an art of Medicine more rational than ours, in that their modes of diagnosis flow more directly from their ideas concerning disease.

It is, at first, shocking to be told that diagnosis may be at least as rational and as practical when stated in terms of demons as in terms of diseases ; yet a dose of castor oil is neither more nor less efficacious whether a demon or a disease be held responsible for the symptoms, while there is a closer affinity than may be thought between those who believe

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in specific demons, and those who talk about the specific clinical entities that 'attack' the human race.

It is certainly remarkable that, at the stage of human progress when, as Bordeu said, a Natural Medicine is practised that is comparable to Natural Religion, there should be clearly marked two diagnostic trends that are traceable throughout the whole history of Medicine and that persist amongst us to-day.

Rivers found, diffused throughout America, Indonesia, and Papuo-Melanesia, the notion that disease is an abstraction or loss of the soul, or vital principle, or a part thereof ; in India and in Africa, the belief that disease is due to a something added—a spirit, or a demon. Clearly we have here a hint, and more, of the secular controversy between those who find in disease an impairment or failure of functional activity or adaptation—the Vitalists, who regard disease as an accident, quality, or *aliquid entis*—and the Organicists, who explain all disease worth their attention in terms of physical attack on organs, and con-

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sider each described disease to be an entity, or *ens*.

This controversy is indicative of a dichotomy that has ever vexed Medicine since first practised (as we say, rationally) some two thousand four hundred years ago: a dichotomy that has sometimes seemed best indicated in terms of practice; sometimes in those of doctrine; and again, in those of philosophy.

Sometimes, perhaps, the difference has been obscured by the apparent inconsistencies of the greatest physicians who, like Galen and Sydenham, have seen something of the truth in each side, have attempted to reconcile the contending opposites, and have been claimed by each party in turn. But always the difference has been one that is best *stated* as a difference in method of diagnosis, that is, in observation, interpretation, and symbolization; and is best *comprehended* as dependent upon fundamental psychological divergences.

These divergences are of more than medical interest, for in some sort they affect all mankind. They are allied to

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those which separate the Romantics and Classics of Literature, and perhaps also Ostwald's Romantics and Classics of Science, as well as the Introverts and Extraverts of Jung; they are perhaps those which Coleridge had in mind when he said all men are either Aristotelians or Platonists; and those which architects divide between the Gothic designers who build from within outwards, and the Classics who plan from without inwards. That such divergences should obtain in Medicine is only to say that physicians are as other men; but that laymen are likewise divided in respect of diagnostic outlook was well shown, a few years ago, during the course of public discussion concerning the alleged diagnostic inefficiency of doctors!

Mr. G. B. Shaw then declared that diagnosis is not the mere affixing of a nominal label, but the finding out of all there is the matter with the patient and why: the Editor of the *Westminster Gazette* pleaded eagerly for the establishment of a diagnostic caste, whereof the duty should be to affix the proper label

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and pass the patient on to him who should treat the disease nominated. Herein Mr. Shaw ranged himself definitely with the Vitalists—best represented for us by the tradition of Cos: his alternate as definitely set himself amongst the Organicists of Cnidus—the spiritual home of all who manifest exact nosological proclivities and diagnose diseases rather than patients.

The elderly practitioner who, remote from libraries and from laboratories but near to Nature, is hesitant when asked for verbal diagnosis in terms of recent convention, yet clear in action, is in like fashion opposed to his more formal colleague who, diligently making a diagnosis in strict accordance with differential tables and tests, searches his text-books in confusion for the treatment appropriate to the disease he suspects. Wherein lies the fundamental difference between these two diagnostic attitudes?

All men, when about to interpret what is presented in consciousness, proceed in one of two ways. Some interpret the present by reference to images of

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past experience stored simply as memories, or as composites of like memories. Others compare present perceptions with mental constructs, made up of memories of like past experiences that are *colligated* (in Whewell's phrase) by something predicated, abstracted, or imagined, which converts mere aggregates or composites into organized units, called ideals, general terms, or universals—just as a colligating staff transforms a thousand men into a battalion. Herein is the difference between the two types of diagnostician—a difference that carries with it many correlations, but corresponds closely to what Mr. Trotter has lately recognized between the direct or concrete, and the indirect or abstract methods of thought.

The simple composites of Natural diagnosticians—for whom the definition of diagnosis as clear cognition will suffice—are the *syndromes* of the post-Hippocratic empirics, or, as Hart said, nothing else but the collection of certain *accidents* and *circumstances* of disease. The mental constructs of Conventional diagnosticians—for whom diagnosis must establish

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correspondence between the illness of each patient and some rationalized type—are, as a rule, diseases : but sometimes, demons !

PART II

“ Comme il y a deux méthodes il y a aussi deux sortes d'escoliers : car les uns s'adonnent aux fantaisies et suivent la leur, les autres ne suivent que l'empirie qui seule est jointe à la vérité, au lieu que ce qu'on collige par ratiocination chancelle bien souvent : car nature peut et veut estre cogneue par les seuls objets des sens, sans qu'elle aye besoin de ratiocination.”

PARACELSUS : *La Grande Chirurgie.*

The full importance of this distinction is only appreciated when Medicine is studied in respect of the parallelism that Saucerotte said has ever existed between the history of Medicine and that of Philosophy ; a parallelism that needs no explanation when we realize that, whether in Medicine or Philosophy, there are two routes by which the human mind has always sought to attain its goal.

These routes—those of the Sensualist, or Empirist, and of the Platonist, or Rationalist—are those followed respectively by the two schools of diagnosis—

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the Natural, or Descriptive, and the Conventional, or Academic—that I have tried to indicate. For the better estimation of our present position, two *points de repère* in the duplex history of Medicine and Philosophy may be taken: the first, the controversy between Coan and Cnidian, in the fifth century before Christ; the second, the rivalry between Hippocratists and Galenists, during the sixteenth century of our era.

1. COANS AND CNIDIANS

“La méthode de Cnide est plus accessible et, pour ainsi dire, plus vulgaire que celle de Cos.”

DAREMBERG: *Histoire des sciences médicales.*

It has been said by Boinet that the rival schools of Cos and Cnidus stand for “*les deux grandes idées doctrinales qui reviennent sans cesse à travers les siècles après de longs détours et avec des fortunes diverses*”; and Daremberg, with equal justice, declared that in the Coan writings we find discussion of the organism and of disease: in the Cnidian scriptures that of organs and of diseases. That these differences are essentially

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diagnostic was implied by Littré when he said that the Coans studied the general state that the outcome might be foretold, whereas the Cnidians were more concerned with the diversity of diseases and the distinctions between them.

But it is from the few undisputed writings of Hippocrates the Great that we derive the clearest notion of the Coan diagnosis, whereby, after full examination of all relevant detail, related phenomena were simply interpreted in the light of past experience, the resultant judgments being expressed descriptively yet concisely without the confusion arising from the hypostatization of abstracts and the utraquistic use of names.

The classical passage is that in the *First Epidemics*, where, speaking of a certain epidemic prevalence, Hippocrates says that he framed his judgments, or *diagnosed*, by paying attention to what was common to every and particular to each case ; to the patient, the prescriber, and the prescription ; to the epidemic constitution generally, and in its local mood ; to the habits of life and occupation

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of each patient ; to his speech, conduct, silences, thoughts, sleep, wakefulness, and dreams—their content and incidence ; to his pickings and scratchings, tears, stools, urine, spit, and vomit ; to earlier and later forms of illness during the same prevalence ; to critical or fatal determinations ; to sweat, chill, rigor, hiccup, sneezing, breathing, belching, to passage of wind—silently or with noise ; to bleedings, and to piles.

Here, in a fashion that shows at once the strength and the weakness of natural diagnosis, we are given an epitome of what the physician who takes cognizance of the epidemiological as well as the clinical relations of a fever must observe. That, to the Coan, judgments were particular for each case, and that general conditions such as fever, and local conditions such as peri-pneumonia were mentioned descriptively, without linguistic suggestion of attack by any entity, or of participation in the 'secondary substance' of some scholastic reality—much as when a French physician of to-day says his patient has 'a pneumonia'

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or 'a meningitis'—is shown when, in the last sentence of the *Prognostics*, Hippocrates begs the reader not to regret the omission of the name of any particular disease, since it is by study of symptoms in each case rather than from accounts of named diseases that the desired knowledge is gotten.

A similar diagnostic method is exhibited in the Hippocratic essay on *Wounds of the Head*, and is generally employed by surgeons when dealing with injuries.

What we know concerning the Cnidian diagnosis comes in part from the Hippocratic essay upon *Regimen in Acute Diseases*, and in part from Galen in his *Commentary* thereon, and elsewhere. Just as the Coans saw the essential unity of all disease, whilst admitting the multitudinous presentations thereof in accordance with personal and environmental singularities, so the Cnidians, in Adams's words, overstrained diagnosis to a system that divided and subdivided diseases into endless varieties or species. For the Cnidians, as for all *conventional* diagnosticians, the aim was not the

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assay of the patient's state, but the identification of his malady with a standardized ideal.

Since method in therapeusis waits always upon method in diagnosis, Hippocrates differed from the Cnidians, as he said, whenever they interpreted symptoms with a view to determining right treatment: the burden of the *Regimen* is that *he* sought to treat each patient, individually and symptomatically; the Cnidians, the disease, specifically and rationally. By the Coans every effort was made to 'assist Nature', to reintegrate that functional unity of the organism which Sigaud finds dissociated in all disease, and to 'diagnose'—the translation is literal—"to diagnose the asthenias that occur during illness, whether caused by lack of food or other harm, by pain, or the severity of the malady . . . for through knowledge of such things comes safety: through ignorance thereof, death."

But the Cnidians employed those remedies which reason led the physician to deem efficacious in respect of the nominated disease.

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These differences in practice, however, like those in diagnostic method, flow naturally and consequently from the fundamental psychological differences between two schools, of which one conforms to the natural, or direct method of thought and interpretation, and the other to the conventional, or indirect and abstract habit.

These are rather naïvely indicated by Neuberger when, in sentences that evade the real question, he blames the Cnidians for making "fictitious types of disease founded upon unessential characteristics" and the Coans for their "fusion of clinical entities both pathologically and etiologically distinct".

The cleavage is indeed that between those to whom types, or universals, are of no greater importance than their names, or are at most but shadowy imaginings; and those to whom even the names of such types are something more than mental conveniences, algebraical symbols, or book-keeping fictions, and are representative of *realities*, in a Platonic if not a material sense. Indeed,

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we are forced to agree with Galen when he said, so wisely and so wittily, in his essay *Upon some Tenets of Hippocrates and Plato*, that, in the greatest number of cases, cleavage of opinion comes from the failure to distinguish between the particular and the general: "Such being the source of disagreement between physicians in respect of the use of barley-water"—a hit at the Coans and the Cnidians this—"and between philosophers concerning the value of the soul". Had Galen lived to-day, he would have said that this failure constitutes also the greatest obstacle to the proper instruction of the public, in the public press, about personal health but without personal diagnosis.

Incidentally, it is of interest that Taylor, who finds the most significant examples of the Platonic usage of the words *ιδέα*, *εἶδος*, in just those parts of the Hippocratic Collection now regarded as Cnidian, should also trace in the Cnidian writings the influence of that Pythagorean school that allied an early form of Platonism to a philosophy of numbers.

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To-day there are no more stubborn Cnidians than those statisticians who repose their strange faith in Numbers upon a realism that allows them to fancy statistical combinations to be something else than patterns of symbols, and statistical results to possess a value that renders inquiry into the original data otiose, if not mischievous.

2. HIPPOCRATISTS AND GALENISTS

“En un mot : le galénisme diffère de l’hippocratisme moins par la doctrine que par la méthode.”

WICKERSHEIMER

If the difficulties between Cos and Cnidus, no less than those with which Galen was so greatly concerned between the Empirics and the Dogmatics, were indeed, as Littré says, a struggle between the Fact and the Generalization, or the particular and the general, the essay *Upon some Tenets of Hippocrates and Plato*, in which the question of the One and the Many is dealt with in all its obscure profundity, is remarkable as indicating not only Galen’s ambition to act as conciliator in respect of the fundamental

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problem of diagnosis, but his partial break-away from Coan medicine and his increasing tendencies to Platonism—as when he declares that Hippocrates wrote confusedly in respect of *genera* and *species*.

His conventionalizing tendency is again marked when he approves the saying of Erasistratus that to diagnose is to answer the question: Where and what is the disease? (8.14). So too, when in the *Commentary* upon the *Regimen* he insists that he alone who knows the constitution of the sick, *and* the nature of the disease will be able to devise rationally the remedy. Again and above all, when, to the four Aristotelian causes—the formal, material, efficient, and final—he adds one more, the typical, or exemplary, by virtue of which the particular, or instance, conforms to the universal, or type. Implicit acceptance of the exemplary cause permeates all modern conventional diagnosis, and justifies the notification, to public authorities, of cases of those diseases which, called into existence by decree from Whitehall, are, in the words of

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Galen himself, followed by the symptoms as is the substance by the shadow.

It is in virtue of this Platonism that Galen, in spite of his professed devotion to the memory of Hippocrates, became in the sixteenth century, throughout Europe, but notably at Paris, the eponymous head of that party which opposed itself to the less organized body of Hippocratist physicians, when was renewed, at the turning point of modern history, the controversy that I have spoken of as that between Cos and Cnidus. If we may consider Guillaume de Baillou (1538-1616), to whom our epidemiologists (and Sydenham not least) owe all, to have been the greatest figure amongst the French Hippocratists, perhaps his master Fernel (1497-1558), who first measured a degree of the meridian, is to be reckoned the greatest of the Galenists. However much Fernel differed from Galen in detail, he, a Conventionalist through and through, was never more Galenist than when he tried to shepherd the jarring sects within the fold of his Ramist philosophy and logic. For him, a disease was an *affectus*, or *diathesis*, *contra*

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naturam, and with local or general incidence. Our contemporary systemizers betray his influence in every sentence that they write.

Those who read Baillou and Fernel must agree with Wickersheimer that Le Clerc's epigram, founding the Hippocratic system upon experience and the Galenical upon ratiocination, is absolutely true when applied to the Hippocratists and Galenists of the Renaissance, between whom the difference was less one of doctrine than of method. That is to say, it was one between natural diagnosis in terms of experience and conventional diagnosis in terms of reasoning.

The philosophical difference—fundamentally that which separated Cos from Cnidus, Empiric from Dogmatic, and lately occupied some portion of our morning papers in the guise of a discussion at the Oxford meeting of the British Association concerning the nature of species—appears at this time as the aftermath of the mediaeval dispute between Nominalists and Realists which, initiated by the questioned interpretation

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of a passage in Porphyry's *Isagoge*, turned upon the formal query whether or no universals, or *genera* and *species*, have any existence otherwise than in our thoughts.

The scholastic realism that answered this question affirmatively, hypostatizing general ideas and holding that in the universals alone is there substantial reality, while standing in line of descent from the early Platonism of Cnidian philosophy and medicine, and the late Platonism of Galen's philosophy and medicine, survives to-day in the unavowed creed of those who profess the belief in clinical entities against which the late Sir Clifford Allbutt fought so long, so ably, and so vigorously.

It carries with it the implication that such *species* as described diseases obey an ascertainable rational necessity, and are more than subjective interpretations, being so determined by the nature of things as to be theoretically susceptible of categorical exhaustion by enumeration. Since, even in 1473, only a few years before the birth of Fernel, all professors of

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the University of Paris had been compelled to take oath to teach only this realism and to abjure all contrary doctrines, it is not difficult to understand the still dominant influence of Galenism in the Faculty of Medicine fifty years later.

The opposed view of the Nominalists implied that the name of a universal is but a *flatus vocis*, corresponding to no *ens*, or entity, and that *species* and *genera* are mere names. Since the germs of nominalism are clear in all Coan writings, it is not surprising to find the works of Baillou permeated with the true spirit of the nominalist philosopher and natural diagnostician who seeks eagerly for experience and its synthesis, but who distrusts all systemization and all hypostatization of abstractions. But, since the philosophical position of those, who at the time of the Renaissance upheld the doctrines of the Trinity and of the Real Presence even to extremity, was derived from scholastic realism, whilst nominalism was combated with so much bitterness because of its supposed inconsistency with these dogmas, we may

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truly say that the diagnostic, or methodic issue between the sixteenth-century Hippocratists and Galenists relates to the same fundamental ground of difference as that which divided Aristotle from Plato : that, at the time of which I now speak, split the Western Christian Church to its foundations ; and that still separates Canterbury from Rome.

3. CLINICIANS AND SYSTEMIZERS

“ Il n’y a pas de maladies : il n’y a que des malades.”

TROUSSEAU.

With the ultimate discard of Galenism, the cleavage between the man who describes a case and him who writes about a disease becomes that, less obvious, but still marked, between the clinician and the systemizer : and of systemizers the seventeenth, eighteenth, and nineteenth centuries saw in turn those who made use of chemical, mechanical, botanical, mathematical, organicist, and bacteriological conventions. The schism still persists, though masked by the transference of teaching from the lecture-room and

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wards to the laboratory, and by the desuetude of reading, albeit to-day, as always, every systemizer or conventional diagnostician claims to be a clinician who diagnoses in terms of experience—a compliment not reciprocated, since no true clinician ever claims to be a systemizer. True, system to-day is represented by a jig-saw of systems rather than by any one system ; but the existence of the schism is shown by a dissatisfaction which, though perhaps repressed into the collective unconscious of the profession, is yet seeking satisfaction, and is made manifest by a conversion into irresponsibility in thought that is as distressing as the formalism against which it revolts.

There is a feeling that the bald diagnostic convention of so many definite diseases, constituted by so many definite groups of physical signs, correlated with so many definite groups of post-mortem appearances, is one that has had its day. So much is shown when doctors declare that there is increasing difficulty in referring cases to a diagnostic *cadre* and

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that ' the type of disease must be changing ' ; though the real ground for complaint should be that the abundance of our experience can no longer be dealt with by methods once adequate. Perhaps, too, we are less confident than formerly of the sufficiency of any affirmations. A few years ago, many hoped that bacteriology would render all diagnosis easy, but, as Sir William Job Collins predicted in a brilliant essay, disappointment has come to us. No system of specific pathology has been achieved ; and, in spite of great success, the bacteriological method has cut across many of our most cherished pathological and clinical groupings, as in the matter of the colon bacillus, and that of focal affections generally.

Under these circumstances some, like Sir James Mackenzie, have reverted to Hippocratic symptomatology, tempered by a neo-Methodism, and are undeterred by the wit of those who think it less excellent—almost less moral—to pay greater attention to symptoms than to signs, and to diagnose in syndromes instead of in diseases.

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Yet those who abash a student by asking him to show a syndrome or diathesis on a plate forget that a *disease* cannot be so shown, and that even the Galenists—who did not specifically name throughout their whole range the diseases that were specifically determined for almost every case—recognized that in order to deal adequately with experience a whole apparatus of subsidiary devices was needed. So they created verbally not only the *morbus*, but the *morbi causa*, the *affectus*, the *effectio*, the *affectio*, the *laesio*, the *symptomata*, and the *signa*. Our present redundancy of experience, accumulated as a result of instrumental amplification of our perceptual range and of mechanical facilities for communication and storage, seems to urge us anew towards the devising of fresh conventions.

Already psycho-analysts, such as Freud, Jung, and Adler: morphologists, such as Arone, Thooris, and MacAuliffe; and characterizers, such as Kretschmer and Draper—to say nothing of the endocrinologists—interpret cases, not in terms of diseases, but of personality-types

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sufficiently indicating the actual or expected reactions of the patient to any given situation. The danger is, however, lest in the absence of a theory of diagnosis new conventions should lead us back into conventionalism, if not realism.

To think, as we often do, with concepts that we refuse to define, seems no better than for a carpenter to work with tools whose special uses he will not consider ; and it is certainly true that synthetic advance is only made when the integral concepts are first defined, even provisionally. To make use of such conventions and concepts as are now being devised, without consideration of the general value of such concepts, is a proceeding that will lead, not to fruitful synthesis, but to new and chill academics.

What we must first settle, therefore, is the attitude we shall adopt in respect of the two schools of diagnosis : the Natural, allied with Nominalism, and the Conventional, allied with Realism. We may then well inquire (if the philosophic battle be a draw, as perhaps it

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is) what there is to be said, pragmatically, in favour of one side or the other !

Natural diagnosticians—true clinicians—will perhaps always suffer by reason of the lesser fitness of their method for verbal communication. They teach by example rather than by the spoken or written word, and their reluctance to employ verbal symbols as handy labels is ill-comprehended even by those who appreciate results. Always striving towards the simplicity of synthesis, they do not separate diseases from the man, or man from his environment. Hence their study of epidemics as illnesses of communities, their therapeutic utilization of Airs, Waters, and Places, and their insistence upon personal effort ; while causation is to them, in each case, an infinitely complex relation almost insusceptible of generalization.

Per contra, Nature, to the natural diagnostician, may become less an object of observation than a subject of superstition ; while distrust of classifications may beget mental untidiness, and the study of symptoms give rise to clinical

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indecision and a neglect of origins, if not an expectancy that slips into fatalism.

But the conventional diagnostician, whatever the convention for which he plumps, if he enjoys all the advantages of the trader who, discarding barter and cash transactions, makes use of financial and currency fiction, runs also the risks of those who, from sheer habit, come to assign real value to their symbols as well as to their concepts. If his faith in specific diseases, with specific etiologies, demonstrable by special tests, and curable by specific remedies with specific actions, carries him through many a verbal emergency, yet, since this faith has no greater value than the premise upon which it depends—the metaphysical reality of *species* and *genera*—it may betray him at any moment, blinding him to alternative explanations that open up rich fields of experience, and so entangling him in the meshes of his own classifications and dogmas that finally, in Bacon's words, he worships Idols of the Theatre. Indeed, just as the Naturalist may become a Nature-Worshipper, so may the Con-

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ventionalist become like Galen, a Gnostic or, since most quackery derives logically from realism, a devotee of some magic box.

In these circumstances, what is to be our decision? Shall we elect to remain like Buridan's ass, halting between two opinions and starved in the literal midst of plenty? If not, we must resign to be either, in Sir Clifford Allbutt's words, treaters of types, abstract physicians practising *in vacuo*, or mere empirists who, having but a vague notion of a type, treat the sick man item by item, not appreciating the relative values of the several phenomena of each morbid period?

Is there no avenue of compromise, or of reconciliation?

4. COMPROMISE AND RECONCILIATION

"Et quid curae nobis de generibus et speciebus?"

THOMAS À KEMPIS.

The History of Medicine has perhaps answered these questions in showing us that security and advance come through ordered balance rather than through

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unilateral supremacy. But we require some plan or scheme that, in a work-a-day world, will help us to carry on our daily task without losing touch with either side. The difficulty is how we may best relate, for practical purposes, the Thing, the Thought, and the Name or Symbol, which, on the other hand, it is equally our duty to distinguish?

One scheme has been set out with great skill by Messrs. Ogden and Richards, who, in the *Meaning of Meaning*, have given us a theory and canons of symbolization which it is hoped they will supplement by theories and canons of interpretation and observation.

But historical priority, and for present purposes, historical relevancy, pertains to the resemblant scheme of William of Occam, the invincible Doctor, who died expatriate in perhaps 1349, and whose *terminism*, or conceptualism—possibly already intended by Aristotle—has so greatly influenced Hobbes, Bentham, Mach, Poincaré, Vaihinger, and Weyl.

Occam's life was devoted to the solution of the problem which Galen's epigram

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lays at the root of so much controversy. For him such concepts as those of *genera* and *species* only *suppose* an intention of the mind, and never an existent thing, singly. It has been said recently, by Delisle Burns, that Occam, in dethroning the universal and restoring the particular to its proper status, thereby founded Science; certainly it was he who, as Vaihinger says, first developed a clear and definite treatment of the *fictional* nature of general ideas, or universals and laws, in a manner that is still a model for us.

He recognized that, although the theoretical non-existence of *ficta*—such as textbook diseases—must be admitted, they are nevertheless to be tolerated as conveniences, subject to change in accordance with experience, knowledge, and necessity.

He held too that nouns, like algebraical symbols, are merely denotative terms whose meaning is conventionally agreed upon; that the universal is not existent otherwise than mentally and as a *terminus*, or predicable, a mental

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concept signifying univocally several singulars; and that the concept is not so much a thing as an act, having no reality besides the act and the singulars of which it is composed, while the act of abstraction does not presuppose any activity of the understanding or will, but is a spontaneous secondary process by which perceptions are, as it were, stored as soon as several similar representations are present, though in a fading or evanescent state.

This conceptualism, which in its original form stood midway between the nominalism and realism of the scholastic period, has always manifested an impulse towards direct observation, a distrust of abstractions, and an aversion to hypostatization of abstractions; it greatly paved the way for the work of the Renaissance, and, far more than the logic of Bacon, inspired the method of Harvey, as is evident from the introduction to the *de Generatione*. It has ever since lain at the foundation of that characteristic English philosophy which, like so much that is English, is none the

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worse for being better appreciated abroad.

In its modern form, as stated by Vaihinger and others, it does seem to reconcile, so far as is humanly possible, the conflicting claims of naturalism and conventionalism in diagnosis.

It is true that whenever stated, in either its original or its modern form, it is at once said to be so commonsensical as to be obvious. But only too many speak as if they believed otherwise, and, in the long run, become the slaves of their verbal symbolizations. Current medical literature is bestrewn with clichés that are meaningless if not connotative of tenth-century realism or Hindu demonology; while the demands made on us by the public and sometimes imposed by the State are, as often as not, unjustifiable save on grounds of some primitive realistic belief.

By the neglect of conceptualism we allow great wealth of experience to lie dormant and unused; by its acceptance we come abreast of eager workers everywhere, and cease to pursue conceptual rainbows in the laboratory while

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neglecting the perceptual at the bedside or in the field.

Conceptualism gives us, in diagnosis, the freest scope for observation, unhampered by the fear of forms; it offers us the widest choice of interpretative conventions and the amplest range of symbolization, to the clarification of our cognition and the betterment of our communications.

Lastly, it teaches that, in respect of any art or calling, the function of Science is to furnish fictive concepts and systems of concepts, that will economize thought, fructify effort, and tend to the increase of experience; avoiding at once the limitations of Nominalism and the illusions of Realism.

It may be asked, however, what, in the light of conceptualism, is a correct diagnosis?

The best diagnosis that we can attain is that which, when we have observed accurately, interpreted adequately, and symbolized correctly, best satisfies the intellectual and affective tendencies, and, in the Hippocratic phrase, enables the

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physician to do what is right and to constrain to his will, not only the patient, but the attendants and the circumstances.

Absolute diagnosis is a function of Omniscience alone, and is exemplified only in the perfect restoration that it is the prerogative of Omnipotence solely to ordain. Absolute diagnosis is not within our physical apprehension; it eludes us, as the absolute eludes the astronomer, the physicist, the chemist, and the mathematician.

But the *idea* of the Absolute is present and necessary to all Science and every science; and for the Science of Medicine is represented by the conceptual miracle of healing in which all diagnostic antinomies are resolved—that Act of creative restoration which, without verbalization, expresses at once the lesion of function and of structure—and its effacement.

It is perhaps worth reflection that Hippocrates, who said that the physician when philosopher is most godlike, has himself more than any other been spoken

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of by men as divine. As much was never said of the infinitely more successful Galen, whose system, unshaken during a thousand years, still influences the teaching in every class-room and in every laboratory, and still dictates, for the most part, the modality of our formal diagnoses.

His system, his rationalizations, and his philosophizings are never credited with the elemental intuition and simple rightness that seem to us inseparable from the clear mind and natural method of Hippocrates of Cos.

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SPIRITUAL HEALING
AND
MEDICAL THEORY

A PAPER READ AT A MEETING OF THE
HUNTERIAN SOCIETY ON NOVEMBER
9TH, 1925, IN THE COURSE OF A DEBATE
OPENED BY THE RIGHT REVEREND THE
BISHOP OF KENSINGTON.

*"Cui aeternum Verbum loquitur, a multis
opinionibus expeditur."*

THOMAS À KEMPIS.

I have been asked to take part in this Debate—I presume in some spirit of opposition to what has been said—though it does not appear to be recognized that any right-minded Bishop and any intelligent doctor must, of necessity, arrive at identical conclusions on this subject, though possibly by very different routes. Certainly the Bishop and myself are agreed—I doubt not—as to the special weaknesses of the special

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cases sometimes put forward by our respective professions when, as too often, attempt is made to accentuate rather than to reconcile the differences apparent at the outset.

Under these circumstances I propose to discuss, not the evidence adduced for and against the occurrence of Spiritual Healing in the limited, or 'magical' sense, but some questions that must in my judgement be discussed before we can profitably address ourselves to the alleged occurrences themselves.

Now, speaking as we do at a meeting of the Hunterian Society, both the Bishop and myself labour under the disadvantage that, whilst all agree debate to be seldom profitable unless the parties define the sense in which they use their words, nevertheless John Hunter blocks the way. For John Hunter, as all the world knows, making use of an expression favoured by John Bunyan as well as himself, declared roundly that definitions are of all things the most damnable. And so my friends here, true to the John Hunter tradition, sturdily decline to

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tell me what they mean by Spiritual Healing.

They say we all know what we mean by it. Possibly: but I at least have no clear idea of what other people mean by it. I was going to say that we should think the matter out. But again John Hunter blocks the way. You know his celebrated dictum: "Do not think: try!" The medical profession, for over a hundred years now, in a resolute attempt to honour John Hunter's memory, has been trying hard not to think. And on the whole, with fair success. Yet we are in a measure, quite right. Were we to begin to think we might lose that self-confidence which is so essential if we are not to lose the confidence of others. We might, indeed, come to see that in using the term 'Spiritual Healing' we doctors are often confusing the issue, begging the question, and committing many other logical misdeeds at once. As things are, however, many doctors, when asked what is their opinion of Spiritual Healing, reply murmuringly that it is to be explained by

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suggestion if it is true don't you know which it probably isn't and anyway the cases cured by Faith-healers are not cases of organic disease at all for if they were they wouldn't be cured because only doctors can cure cases of organic disease and the proof is that anything cured by anyone who isn't a doctor is either a case of functional disease or isn't really cured and cases of functional disease aren't worth bothering about really unless they are rich when the right thing to do is to try what operation can do and if they aren't you can give them a little bromide though some of these psycho-analyst fellows and Christian Scientists do seem to get them better though that really never proves anything except that the case was functional all the time and even if some doctor had said that the case *was* one of organic disease and not likely to live well there are fools in every profession and we all make mistakes not that there isn't something in this notion of mind having an influence over matter for the great thing is to have confidence in the man you go

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to and there is old Mrs. Jones who never goes to sleep unless she has a bread pill and there is Mr. Cutler-Sharp the surgeon who when he operates on a case of gall-stones that may turn out to be functional always takes a gall-stone in his pocket and gives it to the patient afterwards when he can't find one in the gall-bladder like he did in a case of mine the other day but as for this rot about miracles and the rest of it and getting people well by prayer it ought to be put a stop to and it will too when we have a proper doctor at the Ministry of Health who will do what the British Medical Association wants him to.

This is a view very commonly expressed. Nothing could be more satisfactory to those who hold it. Indeed, that is why they do so.

But I do seriously suggest that when we doctors speak, as we commonly do, about organic and functional disease, about suggestion, faith-healing, and physical and psychical methods of cure, we are doing little else save juggle with verbal symbols, whose original signifi-

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cance has been forgotten, which have long outlived whatever usefulness they once had, and which, at the best, stand only for the foggiest interpretations of phenomena we do not understand. Our mental pocket-books are indeed stuffed full of an inflated and depreciated paper currency. It is our duty to cut our losses and to stabilize our verbal symbolizations on a basis of real values.

It is useless and foolish to employ, as we so commonly do, the medical logic of Molière's day: to declare that opium has a soporific action because it is endowed with a dormitive principle. The error against which we must ever guard is that of mistaking words for ideas, and interpretations for facts. This can only be avoided, I believe, if we assent to a proposition that always excites the liveliest hostility in a medical audience—the proposition that what we take for observed facts are but interpretations of experience in the light of inborn, inbred, or acquired metaphysical prejudices concerning what lies behind and beyond our immediate perceptions.

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Now metaphysical prejudices are never more dangerous than when fixed in the minds of people like doctors, who declare that they have no such prejudices, and who go on to say that mind is a function of protoplasm, and metaphysics is like a blind man in a dark room looking for a black hat that is not there. Such are the people who will dismiss the experiences of half mankind as the products of superstition—merely because they have had no such experience themselves. The truth is that the great majority of the medical profession, while holding that Science has no use for Metaphysics and Philosophy, does yet derive both principles of practice and working hypotheses, not from any assured basis in observation, but from the dregs of the dreary agnosticism of the last century, which was the dull creed of those who taught the relation between mind and matter to be expressed in the doctrine of psycho-physical parallelism, according to which the physical and psychical series run parallel with each other and never meet, and the physical may and does determine the

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psychical, although the psychical cannot affect the physical.

This quaint notion seems to be gradually dying, though still obstinately supported by many doctors ; and, I fear, by some of the clergy who unwisely endeavour to be thought scientific. But, as I have said, doctors try not to think. At any rate, so long as doctors work on these lines there must be an unbridgeable gulf between them and theologians in general, for of all Mr. Broad's seventeen theories of the relation between mind and matter, this one at least must be unacceptable to any religious body. From another angle, it seems to me that so long as official medical science accepts this materialistic sort of dualism as explaining the universe, it is totally incompetent to deal with the facts of experience otherwise than as a Yorkshire farmer dealt with the hippopotamus at the Zoo. You remember : he looked at it, with its and his mouths open, for half an hour, and then walked away growling, " Aa doan't believe there's noa such beast."

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At any rate, for just so long as doctors believe and are taught that mind is a function of certain kinds of matter, for just so long will they deny, though quite unnecessarily and inconsequently, that any form of mental treatment, exercise, or discipline, can remove disease that they believe to be dependent upon what they call organic change.

Ex hypothesi then, from the point of view of modern medicine, if by spiritual healing we mean healing consequent upon spiritual effort, any cures attributed to spiritual healing must be either fancied cures of real diseases or real cures of fancied diseases. For this materialistic dualism is not consistent with recognition of the possibility of divine intervention in what Butler called the relatively settled order of Nature.

But division is arising in the camp. Largely as a result of the work of the Viennese psycho-analysts, it is beginning to be believed by many that states of mind must be held responsible for many bodily disorders, and for at least the functional beginnings of organic disease.

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This, of course, is an old doctrine of the Neo-Platonists in a new form. Since every day now we see grave disorders of health rectified when mental exercises or disciplines are undergone, it is not, in the judgment of this newer school of modernists, quite 'good enough' to dismiss all accounts of 'spiritual healing' and the like as either the product of fantasy or as explicable by the effect of suggestion and emotion upon hysterical or neurotic persons. Though, oddly enough, the very persons who deny the usefulness of psycho-therapy are content to explain the beneficial results of 'spiritual healing' as due to 'suggestion'. They seem to think that this 'explanation' disposes of the problem. It doesn't; it makes it more difficult.

But there seems a strange irony in the circumstance that the neglect of the functional neuroses and their allies by doctors, as a result of the Huxley-Spencer metaphysics, should now be remedied as a result of the advent of the psycho-analysts and their compeers so much abused by theologians of all

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creeds. The Churches may hold that these gentlemen cast out devils in the name of Beelzebub ; but it is something, after all, to believe that there is an evil spirit to be cast out !

What is, however, chiefly hindering in this country the reconciliation of the more psychologically minded physicians with the theologians is that the latter do not appear to adopt any special metaphysical creed. It is possible to come to an understanding with the Catholics of Rome on the basis of Thomist scholasticism ; and in China and the Mohammedan countries there is no squabble between medicine and religion—or was not until the introduction of Christianity and Modern Medicine—by reason of a common basis in philosophy. I cannot help feeling that it would be helpful to discussion were the Protestant Churches to define their attitude in respect of the relation between mind and matter.

Having said so much I am free to declare that none of us really understand anything about anything else. Least of all do doctors understand the mysteries

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of life, of death, of health, and disease. I recently met, a few days before his death, one of my old teachers, Dr. Sidney Martin. We began to talk about our work, when he said with a smile, : “ It is nearly the end of my life, but I agree with the old *curé* in that beautiful book *Maria Chapdelaine*—‘ Les médecins font ce qu’ils peuvent, mais il n’y a que le bon Dieu qui connaît les maladies.’ ”

So, just as Jonathan Edwards was prepared to listen earnestly to any candid person who could show reason why two and two should not always make four, I am prepared and willing to consider any sober account, supported by evidence, that suggests the cure of what we call organic disease by what we call spiritual methods. I say this because, with the sceptic Hume and the Christian philosopher Berkeley, I feel I can reasonably believe anything to be the cause of anything else, and am not prepared to deny the actual or possible occurrence of of certain sequences of events merely because I am unfamiliar with the like. All I ask, when cases of alleged healing

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by spiritual methods are brought before me, is that I am not met with simple assurances of personal good faith in place of such evidence as it should be possible to provide. But I assert confidently that there is no known reason why the cure of organic disease, however defined, should not follow the exercise of faith and prayer, however defined. Only the professed atheist and materialist is entitled to deny the possibility of such cure. The question is : Does it happen ?

Again, no one is justified in declaring that, if faith-healing cures do occur, only functional cases are cured, *unless* he is prepared to define his distinction between functional and organic disease and between physical and psychical methods.

Of all absurd bogies, none is more ridiculous than the alleged antithesis between functional and organic disease ; unless it be that between physical and psychical therapeutics. All disease is disorder of function : if there is no functional disorder there is no disease, and the so-called organic changes that

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we find in some cases are just as much the effect as the cause of functional derangement, while, in the most functional of functional cases, there is always place for the organic changes we can't see. We had better be frank and admit that this antinomy was invented in order that we might say that organic disease is what we say we cure, but don't, while functional disease is what the quacks cure and we wish to goodness we could! If a Spiritual Healer can make a bed-ridden woman get up and walk, why do not we? The answer is that we could if only we employed certain technique and were not misled by the bogus distinction between physical and psychical methods. What is the basis of this distinction? My surgical friends say that my nasty drugs act by suggestion. Am I not entitled to say that that is how their bloody operations often act? If I say Abracadabra three times over in a solemn tone of voice to an hysterical girl, am I employing a physical, or a psychical method?

Even the 'eminent specialists of Harley

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Street', who draw inspiration for the drug treatment of hysterical countesses from the advertising slips of blotting paper so disinterestedly sent us by the manufacturing chemists, are willing to admit that the faith so justly reposed in them counts for much in the cure.

The truth is that the so-called physical and the so-called psychical methods are definitely undifferentiable and the distinction, which is purely arbitrary, is no longer convenient.

Let us then, in considering the evidence, and in discussing this topic, agree resolutely to put away all metaphysical and medical and theological prejudices, as well as all verbal lumber, and just see what does happen.

There is, however, something else to be said first. We doctors have no right whatsoever to regard the business of healing as our own prerogative, our especial privilege. What *is* our business is something we often omit to attend to—the rationalization, for the benefit of the community in general, of the natural and instinctive practice of healing.

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All living creatures exercise the healing art, as we may say, instinctively, and for their own personal benefit. We hypostasize the power of self-repair possessed by an amoeba and an archbishop alike as the *Vis Medicatrix Naturae*. But the lower forms of life possess and exercise this power to an extent and in a degree denied to or lost by those higher. Cut off the leg or pluck out the eye of a salamander. He knows at once what has happened, and sets to work to do something that the archbishop cannot do by himself: he grows another eye, another limb.

We do not regard this proceeding on the part of the newt as extraordinary or miraculous, because we are familiar with it. But those who regard this world as directed by Omnipotence see nothing strange in supposing that He who endowed the salamander with the power of reparation should, if He willed, temporarily so endow an archbishop. And, as a plain man, I hold that, whatever the historical evidence in favour of miraculous intervention, the conception of the miracle

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is as necessary to our philosophy of the healing art as is our knowledge of the reparative power of the salamander or the amoeba.

For, while every form of religion attributes the possession of the miraculous power of healing to the Personified Absolute, whether incarnate or spiritual, the miracle of Healing represents for the Physician, in a very special sense, the manifestation in the Absolute, *and for others*, of that instinctive, supra-rational power of healing exercised in some degree by all living creatures for themselves.

Now is it not a fact that some persons appear to possess in a marked degree, not only this instinctive capacity, but the faculty of consciously reinforcing it? I am not referring to the effects, on an illness or an injury, of some purely emotional disturbance: I am suggesting that the natural power of repair, possessed in such high degree by the lower animals, may be and often is reinforced or released by the 'conscious' exercise of what we call Will.

Yet, going a step further, are there

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not human beings who appear to possess, not only a gift for compelling the confidence of others, but a gift for healing others (by manipulation or otherwise) in a fashion that cannot easily be rationalized? Amongst these I would place the bonesetters, whose gifts I would compare to the sometimes prodigious calculating abilities of some unlettered peasants, and the extraordinary musical genius of untaught children not otherwise specially dowered.

Moreover, it has often been remarked (and I think with truth) that some of the greatest physicians and surgeons have seemed endowed with some similar instinctive or intuitive capacity; something beyond mere technical or professional accomplishment. Perhaps in a few the faculty is something somehow acquired: I am sure it is sometimes something lost.

My point is, however, that there is ground for believing many healers to be endowed with some intuitive gifts which, though available for the benefit of others, may be compared with the instinctive capacity—for such we believe

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it—possessed by the lower animals. When the sceptic explains to me why the dog and the cat seek a special grass when unwell, then shall I believe that the healing art may be learnt in all its full extent within the schedules of the Conjoint Examination Board.

Having said so much, may I say that, on the evidence, there seem to be cases of genuine cure ascribed to spiritual healing or the like which, explain them as we may—either in terms of subjectivism or as manifestations of divine power—fall into two categories?

In the first, the sick are brought into direct relation with objective personalities. The healer may, and often does, implement by some ritual, some ordinance, or some appeal to emotion or to intellect, the gifts he claims to possess or the powers which he believes delegated to him. But I think that, as a rule, whatever success attends his efforts is unsubstantial unless his personality is marked, or seems to be marked, by some ethical or moral superiority. I put this forward as a purely empirical obser-

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vation, but it is historically true that with loss of simplicity in life and character there is loss of the healing gift. The results are no longer obtained.

In some cases the sick regard the healer (or he may so regard himself) as an instrument for the manifestation of occult, mystic, or divine power. In either case he is usually one who has undergone what is generally known as the mystic experience. This experience is, I believe, much more frequent than those who have not shared it recognize. Proof is found in the widespread appreciation of Otto's remarkable book, *The Idea of the Holy*. The question is raised, of course, whether there may not be portals of knowledge other than the special senses? Explain it as we may, those who seem most gifted as healers are amongst those who would answer "Yes."

It often seems to me, on the other hand, as if for those who seek spiritual healing the natural power of self-healing were in abeyance, or inhibited by some 'dead hand'. Healing is only obtained when, as it were, the natural powers are released.

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Such release is obtained sometimes in the consulting room of the physician, at least as successfully as by the methods of the spiritual healer, but in each case by similar methods, and only when there is, on the part of the seeker, a sense of need, of personal helplessness, and of dependance upon some higher power. Exactly the same experience occurs in the inquiry room of a revivalist preacher; for the bumptiousness of those who, wise in their own conceit, seek to dictate the terms on which alone they will consent to be saved or healed is always an absolute bar to either conversion or cure. Indeed, I am accustomed to say to patients, when they commence to expound their own views, that it is useless to spend time with any but those who cry with the gaoler: "What must I do to be saved?" And I use this and other phrases simply because nothing in the English language so well expresses the psychological situation, when bodily healing is sought, as the words of the New Testament used with reference to spiritual salvation.

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In the second category of alleged cures by faith-healing, the healer is no objective personality, but one unseen who, in the belief of the sick person, heals in response to direct intercession by prayer or through the mechanism—if I may use the expression—of shrines, relics, waters, and the like. In some cases, of course, direct spiritual communion with the Healer is professed.

My own view is that though under such circumstances cures may be and are obtained (even perhaps in respect of what doctors call organic disease), nevertheless the cures are more frequently in respect of such maladies as those called functional. I do not think that this weakens the case for healing in answer to prayer, from the ecclesiastical point of view. I always marvel that doctors deprecate the cure by unknown methods of the 'functional' cases they can't or won't cure, and yet refuse to admit that faith can cure the organic diseases that they say they can cure, but don't.

It certainly does seem to me, however, that spiritual or faith healing in its more

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striking manifestations is a function of the religious experience, in one form or another, in whatever fashion we may explain it. But, whether we explain spiritual healing in terms of subjectivism pushed to the extremity of solipsism, or whether we see in it evidence of the direct control of Nature by Omnipotence, we do not seem justified, on the alleged facts, in holding it to be a monopoly of any one creed, or connected with any one form of symbolic practice.

It is, however, rather odd that, although neuroses and hysterical affections are now extremely common amongst the Jews, so far as I am aware, faith-healing makes little or no appeal to them. Even the great Jewish psycho-analysts, Freud, Adler, and the rest, rely exclusively upon ratiocination and reject all taint of mysticism. Perhaps this is why their therapeutic results are not more striking.

On the other hand, longevity is marked, and the level of physical health extremely high, amongst the Quakers (who are all mystics) and the Plymouth Brethren,

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who are notoriously addicted to faith-healing and to homeopathy.

In conclusion, if you will accord me your indulgence for a few more moments, I would say that, like the late Dr. Rivers, I believe the scope of psychotherapy to be coterminous with the whole range of disease, though seldom to the exclusion of what we call physical remedies. But I also believe that, in every case in which there is scope for psychotherapy or spiritual healing, there is a mental conflict which is best expressed in Blondel's phrase, as due to *la conscience morbide*. Moreover, this *conscience morbide* (whether we translate the word as meaning conscience or consciousness) is present far more frequently than we imagine in cases deemed suffering from organic diseases only.

I believe, therefore, that in the near future we may come far more than at present to employ right spiritual or psychical methods whereby we may, as it were, mobilize or release the innate capacity for reparation that we all possess, in some measure, and that is restrained

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in so many who are in mental unrest. I believe that we can definitely assist others in the release of these natural powers, and I believe that *la conscience morbide* is the most potent inhibiting influence we can discover.

But if we are to employ these methods intelligently and successfully, we must adopt a changed attitude in respect of the mind and matter controversy. Whether or no any metaphysical creed that does not allow the possible or actual interference of Absolute Power in the conduct of human affairs, can be any more competent to explain the facts of experience than are the present doctrines of physiology, is a question that cannot now be raised.

I confess, however, that I am often astounded that the theologians do not better realize the logical and philosophical strength of their own position when confronted with the opposition of so-called Science. The rational foundations of Science are far less solid than we care for it to be known, and I most earnestly protest against any attempt to reject testi-

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mony of strange occurrences just because such are thought incompatible with what we call Science. Science merely affords us a viewing screen on which we may see as through a glass darkly the distorted shadow of reality, and he who has reflected most profoundly upon the ultimate problems of life and death is the most worthy of the sick man's confidence, and perhaps the most likely to be visited with some touch of that healing power for others which represents the highest exercise of the healing art we all instinctively exercise for ourselves.

And I do know this, that the most truly great physicians and surgeons it has been my fortune to meet have been the least inclined to deal with such problems as these in any but the broadest spirit of scientific and religious tolerance.



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BEHAVIOURISM

JOHN B. WATSON

The behaviorist movement in psychology began in the early 1900s with the work of John B. Watson. Watson's behaviorism was a radical departure from the traditional focus on internal mental states. He argued that psychology should be a natural science, concerned only with observable and measurable behavior. This approach was based on the idea that all behavior is learned from the environment through conditioning. Watson's most famous experiment, the Little Albert experiment, demonstrated that a neutral stimulus (a white rat) could be paired with a fear-inducing stimulus (a loud noise) to elicit a fear response. This experiment showed that emotional responses could be learned just like any other behavior. Behaviorism's influence on psychology was profound, leading to the development of behavior therapy and the study of learning processes. It also had a significant impact on education, where behaviorist principles were used to design effective teaching methods. Today, behaviorism remains a foundational perspective in psychology, influencing research in areas such as addiction, child development, and clinical treatment.

