

*Joistings 17***The Future of Medicine, or of Any Other Sickness: A Christmas Carol**

I wrote the following incomplete little essay on “The Future of Medicine” in the days before Christmas, 2004, in the Wake of Lonergan’s 100th anniversary of birth. As you shall notice, I added sometime later - in the Spring of 2005 - some comments on the incompleteness. Now I return to that effort, not to revise or enlarge it, but to place it in the context of my appeal for collaboration in the fostering of global functional collaboration. The actual immediate context is the completion both of the book, *Method in Theology and Botany*, and of *Joistings 16*, which is a paper for the March gathering, 2006, in Los Angeles: The Tim Fallon series. This essay complements that effort in various odd ways, and points towards the further effort of tackling *Joistings 15*, which is a promised continuation of my reflections on *What is Systematic Theology?*¹

Writing the paper for the Conference posed a problem for me, one that is expressed to some extent in the paper I wrote on the conference topic, “History and Human Consciousness”. Should I present something of my present searchings? Should I present those searchings within the context of my metagrams W0 - W6?² Such a presentation would presuppose too much. Indeed it would presuppose an audience of people who had “come about,”³ an audience of the Ghost of Method Future.

It all brings to my mind now, as I move up both to Joyce’s 124th birthday and my

¹I refer, of course, to Robert Doran’s book from University of Toronto Press, 2005 which came into my hands in November of that year, when I had finished Parts 1 and 2 of *Method in Theology and Botany*. Part 3 there reflected on chapters 7 and 8 of the book.

²The set W0 - W5 is given in chapter XX of *Method in Theology and Botany*. W6 is added at the end of chapter 34. There is nothing sacred about these metagrams: they are part of my effort to hold together an explanatory heuristic which, I would claim, is offered by Lonergan in his writings. And the need for such metagrams is also offered quite clearly by him: *The Ontological And Psychological Constitution of Christ*, p. 151.

³*Insight*, 514[537].

own 74th birthday, the lead-in to my article of 25 years ago, where I quoted Benstock on “The State of the Wake”: “How does one diagnose the health of a body that has long been acknowledged to be immortal? Joyce had indicated that he intended for his work to keep the scholars busy for 300 years, so that anyone who has been at work on *Finnegans Wake* for the past 20 years, still has 280 to go.”⁴ How do you and I diagnose the health of *Method in Theology* 35 years after its publication? My diagnosis has been expressed, perhaps all too abundantly. So I leave the question with you.

But, curiously, it is, for me, the key question of the Los Angeles topic “history and human consciousness”. Human consciousness reaches the stage of a global manifestation of the need for, and possibility of, a global collaboration of human consciousness in the project of history. The program for the collaboration is there, in Lonergan’s Wake-up call of chapter 5 of *Method*. What has been the response to that call? I think I can safely say, feeble.

No doubt that feebleness has many roots in the axial cycles of decline, but at the moment I would emphasize a failure of fantasy abetted by busyness.⁵ The essay to follow relates to the failure of fantasy. Further, I should note that it failed to influence the people in medicine that had sought my collaboration. Might it interrupt your busyness in medicine or whatever, nudge you towards plotting something like a strategic withdrawal to reach for a fuller enlightenment about human consciousness’ reach, not simply for control, but for collaboration with emergent probability?⁶

⁴Bernard Benstock, “The State of the Wake,” *James Joyce Quarterly* 14 (1976-7), 23. The McShane article I refer to is “Features of Generalized Empirical Method and the Actual Context of Economics”, *Creativity and Method*, edited by M.Lamb, Marquette University Press, 1984..

⁵Flaubert.... but concretely now... various...

⁶I. + single intelligent ivew etc. enlightenment; micorautonomy

The Future of Medicine: A Christmas Carol

*Old Marley was as dead as a door-nail. Mind! I don't mean to say that I know, of my own knowledge, what there is particularly dead about a door-nail. I might have been inclined, myself, to regard a coffin-nail as the deadliest piece of ironmongery in the trade."*⁷

There are five sections in this strange essay, with an evident reference to Dickens' famous work. You might, for a start - in the full 8 or so general senses of that word - read *Old Medicine* for *Old Marley*.

The essay comes close to the central function of the hodic specialty, foundations: fantasy. But the foundational function of fantasy is frustrated into effeteness, even within it solitary joy, if it is not cycled into the full wheel of functional collaboration: only a rolling stone gathers *nomos*. There is a strange Irish saying, "a wink is as good as a nod to a blind horse". Is that just another of those quaint Irishisms, like "when you have your back to the wall, its time to turn and run"? At the beginning of the second section I will note the estimate of my friend and colleague, Conn O'Donovan, that the first section on its own was indeed something like a wink in the dark. So that section found its way into the larger context, founds its way I would hope to being a wink towards some seeing ayes.

1. The Ghost of Medicine Future

The question "what is medicine?" includes the question "what is medicine to be?"

⁷Charles Dickens, *A Christmas Carol*, beginning. Perhaps there is no harm, in this December of 2004 - indeed, as I type, on the 17th, the centennial of Bernard Lonergan's birth - to steal Dickens' Preface of December 1843: "I have endeavored in this Ghostly little book, to rise the Ghost of an idea, which shall not put the readers out of humour with themselves, with each other, with the season, or with me. May it haunt their house pleasantly, and no one wish to lay it".

This does not seem too obvious in a culture that regards science as empirical in a 'past tense' sense. There are deep flaws in science as it has emerged and been defined by cultures of these past millennia; schizothymia warps medical care. However, I wish only to push one focus for the moment, one that parallels the question What is medicine? to the question What is an acorn? or What is a tadpole? Indeed, it could help to think of the question, What is an acorn on stony ground? What is a desiccated tadpole?

At any rate, once the question is enlarged like this towards the future, one opens the door to a richer empiricity, that regards the real as a dynamic of evolutionary inventiveness. Think, then, of a mediaeval asking the question, What is travel? It would have been an enormous achievement of fantasy for such a person to stretch towards the inter-galactic journey of a colony of earthlings destined to arrive at Andromeda in the year 5,000,000 A.D.⁸

Back then to the question, What is medicine? Travel is a part of culture that is not crippled by deep dialect, yet its future involves impossible fantasy: even the wheel was not imagined in some quite sophisticated cultures. What then of medicine, a component of culture that is deeply warped by axial and pre-axial disorientations and ignorances? We are now in the realm of the acorn on stony ground, the stranded tadpole. Think, then, with molecular resonances of feeling, of the difficulty of pushing towards a fantasy of a full democracy of medicine that, so to speak, would have us grow - with a beauty and efficiency longed for by Plato - in operative reverence for the goddess Gaia, pacing our airing with the God of breathing, Hunaman.

This effort is not to be the effort of some sub-group of humanity, but somehow calls the whole global group to reach for a minding of the fullness of health: a tadpole

⁸Since Andromeda is 2.4 million light year away, this would involve an average speed of half the speed of light. So, the journey might take a little longer. The colony would, of course, be relying heavily on the development of nano-technologies on all levels. And, needless to say, massively improved medicine.

searching in its limited-tailed swimming for the leg-lift of frog water-movement.

How might we move towards such a strange globalization of the redemptive rethinking of medicine?

Only with million-year patience.

And one moves into that patience by humbly diagnosing obvious shifts that yet are to be global. So, one comes to see that there are fragmentations of medical concerns that are global and globally obvious. The obviousness I write of is not the obviousness of African Aids, but the obvious muddle of the aids to thinking of, and reforming, medicine, that are the global accumulation of the journals of medicine backed by the libraries of medical books and the paraphernalia of medical technology. And backed by the understanding of all this that may or may not be present. I write of an understand that may or may not be present: think of a school in which the technique of taking square roots is present - technology perhaps replacing the old technique- where neither teachers nor students understand the procedure.

As you see, I wish to focus here on the journals and the fragmentation of effort that they represent, but it is as well to delay on the full image I am suggesting. It includes some envisaging, imagining, of the present operative understanding of medicine. As in the school, so here, that competence may not extend in some cultures of medicine beyond technical competence: leaches work; heart monitors work; this is how you treat malaria. Malaria? The word brings to mind perhaps the early days of oriental sickness. But what I wish it to bring to mind now is some parallel to the battered acorn or tadpole. Suppose the sickness is unknown as such, the mosquito remains unidentified?

So, I wish you to push your imagination further in a strain of creative fantasy. I wish you, indeed, to place medicine in the context of the discussion of the longer cycle of decline of which Lonergan writes. One must of course read around that short final section of the seventh chapter of *Insight* to detect the sickness, what Eric Voegelin called "the murderous grotesque of our time." It is important to pause here with your present

realism. "Surely", you perhaps say, "he exaggerates? Are we not doing quite well? We edge towards a cure for cancer in a world of clean hospitals and organized care." So, sense as best you can that Lonergan and I and Voegelin and others are taking a stand against you. And I would remind you that great ugliness is as remote from our reach of sensitivity as great beauty. Five or six thousand years of *The Ecumenic Age*, the beginnings of literate humanity, have produced a battered tadpole, arrogant in its crippled state.

And part of that battered tadpole are the present journals of medicine, settled into an undetected ugliness.

But I must be realistic here in my effort to communicate a massive task for humanity, concretized in sad optimism by Plato's failed search for an efficient view of city life. The longer cycle of decline, the axial period of humanities pre-adolescence, is massively ugly even while having within it a battered tadpole of hope. Nor should we think of it in terms of teen years of human history: Lucy passed over three million years ago, but the stars are on our side and fourteen billion years of energy. Still, to digest axial ugliness is, at present, a task of decades of critical intussusception of history that is akin to asking-singing in heartHeld fashion, "What have They Done to the Rain?" We have no ethos in the present century of a deep suspicion of our own self-destructiveness: Paul Simons' "neon Gods" of the 1960s are comfortably established in Church and State and Hospital. So, what I would wish you to attend to is the print that points to a shallow suspicion that things could be better in medicine.

Let us, then, narrow our focus still more. What print, and how does it lead to this shallow suspicion, indeed to a shallow suspicion of a way out of schizothymia? You might take it that I am talking now about the table of contents of all the current journals of medicine in all their strange languages. But no: I am talking realistically about you doing walk-about in your local library among its collection of journals. Perhaps we might do it a little here together: though I cannot see you reaching beyond a notional assent to a real assent in this manner, unless you are already persuaded about present

fragmentation of concern objectified in medical journals.

Still, let us take a walk on the wild side between the stacks. Notice that other library users will not notice the wild side, because the wild side is within - unless you betray it with a grin. The wild side is the little seed of suspicion that I might be right. You are not looking for a reference but at a patient, a tadpole, a sapling that might show traces of an established disorder, an ordering of interest that, so to speak, is not doing it a helluva lot of good. Let us make a start with some respected journals of medicine.

2. De-Scrooging

“Scrooge had as little of what is called fancy about him as any man in the City of London, even including - which is a bold word - the corporation, aldermen, and livery.”⁹

But here I pause, and we pause. I paused indeed, to let a trusty colleague read my ramble towards the book-stacks. And the verdict was that I needed perhaps an extra sentence - or two or three- for every sentence above, if my meaning was to come across in any significant way. Yes, I must assume that the above is just a wink, not as good as a nod, not at all as good as some detailed mapping of a climb. What might be done? My colleague, who shares a sense of what I am reaching for, offered to have a shot at extra sentences, and we may yet go that way. Other possibilities occurred to me. I thought of leaving the text as is but adding, as well as the simpler footnotes, concomitant complex notes in the text, on each sentence: that might well happen. Or I might work with an analogy that, so to speak works for me: that being no doubt part of my problem. For, the analogy I think of is my own zone of physics.

⁹A *Christmas Carol*, “Stave One”. How can we, in these narrow axial times, redeem the molecules of fancy so as to slowly envisage the acorn of history, battered by human mischief, sapling up out of the ecumenic age? There is the glorious pressure of 14 billion years of energy’s loneliness, of 3 million years of Lucy’s children, of the council of Florence’s nightingale caul.

I think of Einstein's general theory of relativity as presented by Einstein, or, better by his great disciple, Sir Arthur Eddington. It would have been quite beyond Newton, indeed I would say beyond Newton's fantasy. But now I might ask of the future of space-time geometry as envisaged, or fancied even, in that post-first-war period, or perhaps right up to the end of World War 2. Schroedinger's marvellous little book on spacetime perhaps represents the standard view, although there were dreamers in the wings.¹⁰ But even the dreamers dreamed beneath the scope of gauge theory, and by the beginning of the twenty first century there seem to be less than a few dreaming dreams of morning of the future of cosmic geometry. Popular dreaming, of course, skips along in sillinesses of an imagination trapped in th happy valley shared with the Greek atomist: instead of little lumps there are little wriggles. And that popular dreaming enshrouds, mummifies, a conventional searching that continually trips over its own shroud. Physics needs a massive imaginative shake-up mediated by a richer heuristic answer to the question, What is geometry?

Now: does that help? Not at all; it is another wink, and this very much in the twilight. Is it perhaps something like Joan Robinson's view of the economics of her old age: a search in a dark room for a black cat that has already left? So, I am recalling for you, my frustrated reader, that the disease and the stony ground lie under the paces of physics and geometry as well as medicine. And I have said nothing of the idiocies of contemporary government, industry and commerce, globalization-patterns, etc etc etc. Still, the very ranging around does surely help. Medicine holds hand with, keeps pace with, the conventional thinking - does it merit that name? - within the concrete recurrence-schemes that confine it gently in its neon shackles. We are, of course, back in the trapped truncated living of our times, the ghost of Christians present. Perhaps we need visits with past ghosts to de-scrooge the future?

¹⁰I am referring to E.Schroedinger's *Space Time Structure*, Cambridge University Press, 1955. Lochlainn O'Raiheartaigh traces the dreamers in *The Dawning of Gauge Theory*, Princeton University Press, 1998.

At this stage of my struggle with “an improbable vision”¹¹ the titles of my sections emerged. The deeper issue, rich with superficial pedagogical power, is raised by the question, What is the Ghost of Medicine Present? Even a light-weight struggle with that question can nudge us forward in the spirit-search of the first section. To that question, then, we turn in the next section. The fourth and fifth sections follow with a certain glorious inevitability.

3. The Ghost of Medicine Present

Here my fantasy reaches out into present fact. The Ghost of Medicine Presents walks with the shade of present metaphysics. It is a mesh of shades, unthematized, unfounded, founderless, dumbfounded, whether in Manhattan or in Morocco. Its sickness is a global thing, rooted in millennia of misinterpretation and mismanagement of cities and clinics and cultures, and the controlling shade is the shade of a truncated glossing over the schizothymic sickness. All may not be well, that ghost says, but a few more biochemical centuries of technological tunneling and we will join tinman on the yellowbrick road.

And the ghost clutches at the heart of almost every article in present medical journals. Where are we all going?

At this stage in my typescript I paused with some sketches of Library work, Journals to be read, etc etc. But I shifted aside to meet more immediate demands, regarding biblical meaning, the future of spirituality, difficulties people grasping Lonergan’s economic theory, the meaning of Maxwell for the Lonergan of *Insight*, etc etc.¹² I return now to finish this and after some musing consider that there is no need for

¹¹I am recalling a previous fantasy, “An Improbable Christian Vision and the Economic Rhythms of the Second Million Years”, chapter 6 of *Lonergan’s Challenge to the University and the Economy*: available in the Website.

¹²The Maxwell question is treated in *Joistings 2*.

me to face this struggle. At all events, foraging round a medical library and its journals seems a bit too strenuous for my old legs, and just puttering on Websites does not do it for me. My first effort at this sort of work was in musicology, in the Bodleian library in Oxford in 1969 and I have done it in many zones since. It should not be too hard for some young and enthusiastic medical expert to track the mess in present journals of medical science and technology. See what is haunting the entire zone, something that I would now consider a sinful disorder.¹³

4. The Ghost of Medicine Past

Another unfinished section awaited me on my return to this task .Roughly, I emphasized two pieces of the puzzle are two pieces of the task:(1} to pick out the good people in medical practice and teaching and thematize their success, (2) to foster the long-term project of functional specialization in medical studies.

Obviously the previous section, on the present journals, is relevant to both, but it is particularly relevant to the challenge of (2). One can expect a massive resistance to the paradigm shift involved in (2). Initially it will be a matter of a few managing to get articles published that pointing out the need. Slowly the needed division of labour would become a topic, and the evil of the present disorder sensed, seized, seizing, as such. Gradually the division would take on a certain doctrinal respectability and embarrass those who are see themselves threatened to become dated in medical studies. "Doctrines that are embarrassing will not be mentioned in polite company,"¹⁴ but who is to demand politeness of a revolutionary movement?

¹³See *Joistings 8*, just completed before I returned to this.

¹⁴*Method in Theology*, 299.

5. The Clasp of Medicine Future

*"I don't know when I died. It always seemed to me I died old, about ninety years old, and what years I'm too frightened this evening to listen to myself rot, waiting for the great red lapses of the heart so I'll tell myself a story."*¹⁵

No doubt you find it strange that I introduce this final section with Beckett's grim reflection on death. Does it lead you to expect a theology of death or, a "heart's clarion"¹⁶ of Resurrection? These are much larger tasks, tasks neglected for centuries, tasks for the recycling fantasy of which I write, this Ghost of an idea. I agree and disagree with Chesterton here: I do not think that many people are wondering seriously about the Whoopsland of the cosmic carol.¹⁷ But that wonder is not my present concern.¹⁸ "Many people seem to be wondering what will become of the soul in another world. I am wondering what has become of the human mind in this world."¹⁹ And so, as you wait for the great red lapses of your heart, I would wish you to tell yourself the story of history's turn to the idea.

A final massively ambitious section was anticipated here, one that would include a theology of history. Perhaps the leads of previous and present writings can suffice?

¹⁵From a 1946 short story of Samuel Beckett, "The Calmative".

¹⁶I quote from Hopkins' "That nature is a heraclitian fire and of the comfort of the Resurrection", quite a different mood from the Becket lines. Hopkins flies on: "Flesh fade, and mortal trash / Fall to the residuary worm; world's wildfire, leave but ash; In a flash, at a trumpet crash, / This Jack, joke, poor potsherd, patch, matchwood, immortal diamond, / Is immortal diamond."

¹⁷See the final quotation below. A carol, of course, is also a dance.

¹⁸That wonder was to have been the concern of the final Cantowers in 2011, Cantowers 106-117.

¹⁹The conclusion of an essay, "The Rout of Reason" by G.K.Chesterton, in a volume entitled *Where Are The Dead*, edited by Arnold Bennett.

*'I don't know what day of the month it is!' said Scrooge. 'I don't know how long I've been among the Spirits. I don't know anything. I'm quite a baby. Never mind. I don't care. I'd rather be a baby. Hallo! Whoop! Hallo here!'*²⁰

²⁰Charles Dickens, *A Christmas Carol*, towards the end.