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No. 1

### SCIENCE OR ART?

During the last twenty-five years the question whether medicine is an art or a science has often been the subject of addresses by eminent medical men. Thus last year Sir Lionel Whitby, Regius Professor of Physic at Cambridge, chose *The Science and Art of Medicine*<sup>1</sup> as the subject of his inaugural lecture. In his preamble he pointed out that his appointment as Regius Professor was "the first occasion on which a man has been appointed whose practice, tastes, training and original work have been in the scientific, rather than the clinical, field," inferring by this the increasing importance of the scientific aspects of medicine. And in an early paragraph he said that medicine is both a science and an art.

However, it is not as simple as that. In fact there is more that could be written on this subject than would fill several numbers of this JOURNAL.

At least twice during his latter years Wilfred Trotter spoke on *Art and Science in Medicine*,<sup>2</sup> the first occasion being an address delivered at the opening of the 1932-3 session at University College Hospital and the second being part of his Lloyd Roberts lecture on *General Ideas in Medicine*.<sup>3</sup> Much of what follows has been gleaned from these two addresses, both of which show the lucidity of exposition of which Trotter was such a master.

A great part of pre-clinical training is a training in the method of experimental science, a method which plays such an effective part in the advancement of knowledge. In experimental science it is essential that the conditions of the experiment should be as completely specified as possible. Thus the student begins his clinical career with a certain (and often supposed) knowledge of the normal and of the

principles of experimental science. On entering the wards he will be surprised at being expected to accept judgments based on "un-specified experience, on intuition, on delicately balanced probabilities all imperfectly defined,"<sup>2</sup> but he is, in fact, seeing some part of the practical art of medicine. The word "art" is used here in the sense in which the farmer, the builder or the sailor may be said to practice an art.

A practical art has no complete foundation of set principles and is made up of incompletely definable items of knowledge. The items of knowledge are not applied like scientific rules to a particular case but are rather interpreted in the treatment of the case according to the personality and judgment of the artist. An apprenticeship is thus necessary for education in a practical art since it brings the pupil the constant example of his teacher doing the actual things that he himself will ultimately have to do. As long as medicine is in part practical art this apprenticeship must continue.

This might be put another way. The medical student has not only to be taught; he has also to be trained that is, he has to cultivate a talent. This talent is the aptitude to infer from experience stored and not actively recalled, which is, in fact, the use of intuition. It is also the application of the whole mind to the patient without the interposition of anything of himself. And finally it is the application of psychology to give the patient an ease of mind and to make him co-operate—in this sense the use of psychology can never be an exact science because the normal variations in individuals have such a wide range that every patient requires a different approach according to his psychology. The doctor will best succeed in comforting the patient only if he uses some-