

Introduction
How to Marry Clinical Acumen
with Medico-Political Expertise:
Locke on Medicine

Guido Giglioni, Charles Wolfe

Infirmior omnino est malo medicina;
nec ipsa mali experts.

Francis Bacon, *Novum organum*

The remedy reachd not the evil but
became a part of it.

John Locke, *Of the Conduct
of the Understanding*

Locke's contribution to the field of medicine, in both its epistemological and experimental components, rests on the assumption that the clinical art of observing, healing and caring for patients is the most valuable resource offered by that discipline. Through clinical medicine, Locke recovered the original meaning of Hippocratic learning understood as a distinctive approach in medicine expressly founded on the link between geography, climate and diet, on the one hand, and the mind, the senses and the mores of human beings, on the other. This view had been revived in England by Thomas Sydenham (1624-1689). The central methodological innovation that the original Hippocratic practitioners had introduced in their study of nature and culture was the attention paid to *historia* (ἱστορία) as a technique of observational and descriptive learning. For Hippocrates as well for Herodotus (who was another remarkable representative of the Ionian science of the sixth and fifth centuries BC), *historia* meant both direct autopsy and reliable witnessing. Inspection of sensible reality based on personal observations and reliance on corroborated testimonies: these were the fundamental methodological directions that both Sydenham and Locke associated with the practice of medicine. As Locke

explains in the *Essay concerning Human Understanding*, “historical” means a method that consists in “plain” observation and can be taken as a synonym of “clinical”,¹ as is well put in a letter to Thomas Molyneux: “the history of diseases in all their changes and circumstances is a work of time, accurateness, attention and judgment”.² The clinical approach, however, is only one side of Locke’s continuous involvement with medicine. As remarked by several of the articles collected in this volume of *Studi lockiani*, the body politic as an organized collective entity corresponding to concrete communities and nations is for Locke also exposed to disorders of various nature and requires the attentive consideration of the philosopher, who in this case becomes a medico-political practitioner.

1. *From Anatomical to Political Complexions*

Temperamentum, complexio, constitutio: these are technical terms typical of the Galenic tradition of anatomical inquiry which kept being used in medicine long after the seventeenth century. Since ancient times, they denoted the material structure underpinning organs and bodies resulting from the combination of physical elements, qualities and fluids. Because of their humoral nature, these terms also worked as apposite analogical categories to tackle issues of moral and political agency. As discussed by the following articles, the medico-political theory of temperaments and constitutions is among the reasons that allowed Locke to use medicine as a multifunctional interpretative framework.³ As a result, this volume returns to the question of medicine in Locke by laying bare the cultural and intellectual significance that the discipline had in the development of his thought. Locke studied anatomy in Oxford in the years in which innovative experimental research programmes were under way, led by such leading lights in the field as Robert Boyle (1627-1691), Thomas Willis (1621-1675) and Richard Lower (1631-1691); he acquired a remarkable clinical expertise in London while frequenting Sydenham; he also embraced the

¹ Locke, *Essay*, I.i.2., p. 44.

² John Locke to Thomas Molyneux, 20 January 1693, Letter 1594, in *Correspondence*, IV, pp. 628-30, as quoted by Walmsley in this volume, at p. 140.

³ The early modern tradition of medico-political science is well represented by Rodrigo De Castro and his summa *Medicus-politicus, sive de officiis medico-politicis tractatus* (1662). On De Castro and early modern medico-political science, see Giglioni, “Reality and Metaphors in the Language of Renaissance Medicine”. On Niccolò Machiavelli’s medico-political attitudes, see Giglioni “Fate and Fortune in Machiavelli’s Anatomy of the Body Politic”.

sceptical frame of mind that was typical of a certain medical tradition. Locke's forays into the field of medicine are all pointed and noteworthy because, as the articles show, he had something relevant to say regarding physical health, mental health and social health.

In their contributions, Peter R. Anstey and Jonathan C. Walmsley hold different positions concerning the ways in which Locke handled the relationship between medicine, physics and ontology in the course of his philosophical career. For Anstey, Locke's medical interests were consistently part of a lifetime programme in natural philosophical research which was characterized by a basic continuity in methods and purpose. On the contrary, Walmsley argues that there was a radical change from Locke's original appropriation of Helmont's archeal chemistry during the 1660s when he was studying in Oxford to his rejection of theorising about unobservables, beginning in 1667 when he moved to London, to his limited adoption of mechanism as he began to write the *Essay* in 1671. Locke distanced himself from his initial attraction to Helmontian medicine, grounded in the view that incorporeal influences emanated from seminal ideas active in matter and advocated a general position in which physical change was deemed to depend on modifications of motion imparted on bodies through mechanical impact. This was a significant shift if we consider that between 1666 and 1667 Locke had written the short text entitled *Morbus* based on the Helmontian principle of medical diagnosis and therapy, while in a letter he wrote to Thomas Molyneux in January 1693, he clearly abandoned that model. For Walmsley, this is clear evidence that there was simply no place "for Archei, ferments or irreducibly 'chymical' agency in the austere mechanism that Locke came to articulate from the early 1670s onwards".⁴

In his article, Anstey concentrates on the question dealing with the reputation of Sydenham's character and professional skills. He does so by examining the relationships between Locke and Lower, Locke and Sydenham, Locke and Anthony Ashley Cooper, Ashley Cooper and Sydenham. For Anstey, Locke remained "chemically" Helmontian throughout his life: he "had an ongoing commitment to mercurialist transmutational alchemy and a Helmontian approach to therapeutic medicine".⁵ Anstey counters Walmsley's account that Sydenham exercised a strong impact on Locke's philosophy. If there was an impact, this was limited to methodology and in fact it was Locked who influ-

⁴ See Locke to Molyneux, Letter 1594. See Walmsley's article in this volume, at p. 137, and Walmsley, "*Morbus*: Locke's Early Essay on Disease".

⁵ See Anstey's article in this volume, at p. 124.

enced Sydenham, not the other way around. It is interesting to note that these discussions concerning the role of Sydenham on Locke's philosophy may be used to clarify the type of medicine we are talking about in this context, an issue that can be taken as the leitmotif of this collection of Lockean studies. In other words, are we talking of clinical practice (Sydenham) or medico-political science (Ashely Cooper)? When arrived at the end of the volume, the ecumenical reader will realize, we hope, that these are in fact the two souls of Locke's medical commitment.

In her careful assessment of Locke's notion of medical rationality, Claire Crignon emphasizes the Baconian roots of Locke's philosophical project centred on the concept of natural history. This is one of the heuristic templates used by Locke to address medical issues along the line of 'historical' and 'clinical' knowledge. In the hands of fifteenth- and sixteenth-century humanists, natural history had become a tool of experimental, philological and demystifying analysis applied to the study of human traditions, habits and opinions, including prejudices and superstitious beliefs. Notably, Locke's contemporary, the physician Thomas Browne (1605-1682), had resorted to natural history to combat what he called the epidemic of false opinions (*pseudodoxia epidemica*). Crignon characterizes Locke as an epistemologist working on the body of medical knowledge as this was still being taught and produced in universities. The ongoing debate concerning the differences between official and alternative healing practices was an aspect of the medical culture of the time that drew Locke's attention. The contrast dividing learned from folk medicine is probably as old as the beginnings of any form of socially constructed healthcare. In Locke's time, however, the debate heated up due to the conspicuous enlargement of the materia medica. This growth of therapies and remedies depended on several factors, including the geographic discoveries and the printing press revolution, which resulted in the medical marketplace being flooded with chapbooks on household management and popular healing practices. Crignon reminds us that the healing expertise of all sorts of practitioners is broader in scope, methods and aims than medicine as a learned discipline and institutionalized profession. Physicians, therapists, witch doctors, diviners and even philosophers, all take part in the enterprise of providing relief to human pain and distress. Taking care of one's own and other people's health is an *ars* before being a science. Anstey's article, too, is rich in information regarding the use of new drugs, practical regimens and alternative therapies as they were tested and disseminated in London's medical marketplace during the second half of the seventeenth century.

Another important point made by the articles in this volume is that the shift from anatomical theory to clinical practice, from Helmont to Sydenham, from the criteria resting on the power of ideas and influences to those depending on physical motion and impact was not only a change of medical paradigms. More deeply, Locke moved from the anatomy of the natural bodies to the observation of bodies politic. In this sense, the social health of collective complexions became one of his primary interests. Here it should be said that health is a most elusive concept. Broadly understood in medicine as absence of diseases, this definition turns to be alarmingly loaded as soon as the context shifts from the medical to the philosophical and social domains as eugenics and utopia (not necessarily dystopia) become the spooky territories where all kinds of medicalizing initiatives are put to the test, even when these are carried out with the best intentions. The moral, social and political repercussions of such a shift are notoriously hard to handle and sometimes they are simply dangerous. What is a healthy mind? What is a healthy society? Which pathologies – in terms of thoughts, thinking subjects and members of communities – should be treated? In its Constitution, the World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being”. It is certainly no accident that nowadays well-being is a concept that is easier to designate than health. Significantly, the definition provided by WHO ends with a clause in which we are reminded that health is not to be understood as “merely the absence of disease and infirmity”.⁶

The complexities of health – physical, mental and social – are at the centre of Catherine Dromelet’s contribution, which focuses on the moral and social implications underlying the category of illness. She does so by discussing the religious, cognitive, pedagogical and political features of moral disease. Relying on the time-honoured concept of the body politic (the founding metaphor, as it were, of medico-political science), Locke is presented as applying medical analogies to address issues of moral corruption, economic stagnation, social instability and political decay. For Dromelet, Locke used medical metaphors to tackle the nature of moral depravity and its ruinous effects on the body politic. The author contends that the disciplinary boundaries separating medicine from philosophy were still porous at the time and that it was still common to use medical concepts to explain social behaviour. She examines Locke’s opinions on such questions as unemployment, destitution and mental illness

⁶ World Health Organization, *Constitution*: <<https://www.who.int/about/accountability/governance/constitution#:~:text=Health%20is%20a%20state%20of,absence%20of%20disease%20or%20infirmity>>

to show how in some cases (for instance when describing unemployment as a phenomenon of unproductive idleness) his adoption of medical categories prevented Locke from detecting the social and economic import behind episodes of alleged moral decline. Dromelet is right in assuming that, when Locke discusses the theological question of the original sin, he did not adopt a medical imagery to endorse forms of traducianist determinism. Moral agency – a central topic in Locke’s theory of identity – demands that humans are free agents. On the other hand, there seems to be a short circuit between medical and moral knowledge every time Locke applies his clinical experience to the understanding of ethical issues, especially his notion of moral depravity. For Dromelet, Locke missed the opportunity to look at the intricacies of moral conflicts and added an interpretative layer regarding the concept of social unease. The problematic relationship between medicine and moral philosophy in Locke’s philosophy suffers, in Dromelet’s eyes, from the absence of a consistent social theory in his work. Somehow, though, in the way in which Locke deals with medicine within the general context of early modern medico-political knowledge, he anticipates many of the disciplinary divisions that characterize the reorganization of the sciences between the eighteenth and nineteenth centuries: psychology, anthropology, ethnology, statistics, sociology, economy and political theory.

2. *Freedom in Association and Thinking*

According to the article by Kathryn Tabb in this volume, Locke described madness as a pathology of ideas. Appropriately, she describes this kind of disorder as “ideational”: “Locke believes that the contents of thought, rather than the mental powers that produce them, become diseased”.⁷ In Tabb’s view, Locke’s account of mental illness was “originally ideographic and ideational” in that the “unique experiences of the individual” were not “subsumed under general laws”, while “underlying causal mechanisms such as faculties or animal spirits” were ruled out as explanatory factors.⁸ It should be added that a distinctive theory of disease as pathology of ideas diffused during the early modern period could also be traced back to the Paracelsian movement, a specific approach to the art of healing that in the seventeenth century cul-

⁷ In this volume, at p. 185.

⁸ See Tabb’s article in this volume, at p. 192.

minated in Jan Baptista van Helmont's system of medicine. There is a persistent tendency in history of science and medicine to look at iatrochemistry as a vitalist approach sometimes opposed to, sometimes reconciled with mechanical philosophies or Galenic traditions. However, the characteristically operative, instrumental, experimental and quantifying features of iatrochemistry have often been highlighted to the detriment of other aspects that are as significant as chemical experiments, distillations and tools, such as the emphasis on the power of spiritual and imaginative experience. The alchemical project of reforming matter, transforming reality and restoring the prelapsarian harmony of nature is modelled upon the far-reaching assumption that ideas are powerful agents of change as they are carriers of energy, structure and purpose.

It is precisely because of the ideational nature of human thinking that mental representations and their combinations take centre stage in Locke's philosophy. Associations and disassociations of ideas constitute the ordinary flow of thinking. A self is born out of the countless ways in which ideas connect to each other or rearrange themselves to produce new agglomerations. The mind, when it thinks as a self, that is, when it reaches a level of organization that makes it capable of recombining itself without losing its identity, is a variable and yet rather stable entity. Memory, in particular, is what individuals make of perceived things as their own reality. If we take this feature of mental connectivity into account, we find a way of understanding freedom of thinking which Locke probes, investigates and vindicates in his inquiries concerning the nature of the mind. I would call this freedom of thinking freedom of association. As already mentioned, there is a latitude in the manner in which the human mind combines ideas; some of these associations can be viewed as pathological, some others as healthy. In principle, one should say: Let ideas associate. Association, from magnetism and chemical bonding to human friendship and larger political frames, is the great engine by means of which the universe holds together. Although Locke remains sceptic about the ultimate nature of physical associations, be they rocks or nations, he clearly supports a view of reality in which ideas have a propensity of their own to merge and coalesce. The fact is that some associations – bodily or mental – generate conflict and destructions, often on a temporary and localized scale. And yet, despite this eventuality, minds, bodies and bodies politic keep associating. While in the posthumous *Conduct of the Understanding*, Locke concentrates on the ways of controlling and disciplining the associative tendencies of the human mind in their pedagogical and social outcomes, in the *Essay*, especially in Book 2, Chapter 27, he focuses on the theoretical scope and limits of thinking as a mental universe of

associations and disassociations. Indeed, at his most abstract, when he introduces his notion of personality, Locke presents conscious disassociations and conflation of identities as the peak of sound and stable thinking. Not only single ideas, but also entire agglomerations of them are annexable by a fit mind. For Locke, it is this ability to annex portions of mental life in terms of associated ideas that warrants the freedom of being what one is and owning what one has.

Clarifying the mechanism of mental association is therefore a central theme in Locke's theory of mental health. That the combination of ideas within the continuum of human thinking can have positive or negative effects is the topic that is variously scrutinized by the articles of Kathryn Tabb, Sorana Corneanu and Simone D'Agostino. In her article on Locke's views on prejudice, Corneanu investigates the results of the erring mind by situating Locke's inquiry at the intersection where the "medical history of illnesses of the mind" and the "normative account of reasoning" meet.⁹ As Locke makes clear in his *Conduct*, the malfunctioning of the mind may depend on its "natural temper" (that is, its anatomical and humoral constitution) or on the formation of "ill habits" (that is, its functional efficiency).¹⁰ Given his view that anatomical records are scarcely reliable, Locke is more interested in examining the associative tendencies that shape our thinking trends and patterns. This is a further reason why Locke mistrusts anatomy as a medical discipline.

Like Corneanu, Simone D'Agostino delves into Locke's *Conduct* to shed light on the question on how to deal with the errors of the intellect. Indeed, the two articles work as complementary investigations into Locke's medicine of the mind. The *Conduct*, as D'Agostino explains in his philologically attentive contribution, was meant to provide a "therapeutic counterweight", that is, an armoury of medicinal and practical directions to the logic of the mind outlined in the *Essay*, testifying to Locke's "growing interest in the remedies that his philosophy might offer to the problems raised by language, religious beliefs and assent in general".¹¹ For D'Agostino, Locke considers 'association' (not 'connexion') to be a defective way of thinking in which the mind turns custom into nature in a pathological fashion, without even realizing it ("spontaneously and unknowingly, that is, habitually"). Aptly, D'Agostino emphasizes how related the developments in Locke's mind were when, between 1695 and 1697, he was working on such topics as enthusiasm, association and conduct.

⁹ See Corneanu's article in this volume, at p. 25.

¹⁰ Locke, *Of the Conduct of the Understanding*, § 38, p. 180.

¹¹ See D'Agostino's article in this volume, at p. 208.

In *Conduct*, Locke says that his account of association in the *Essay* is “historical”, that is, descriptive and neutral, based as it is on the direct observation of the phenomenon through the lens of inner reflection.

When we speak of ideas as subjective states of mind, they can be actively combined by the faculty of judgment or, less deliberately, by chance and habit (and, as already noted, the anatomical referent in this process becomes irrelevant). On the other hand, when ideas are understood as objective patterns of reality, they can be explained as either independent of or inherent in matter. This is clearly not the path followed by Locke in both his natural philosophy and medicine of the mind. The inherency of ideas in matter is the position held by Bacon, who regarded ideas as *formae* engendered in matter by specific material motions. In this case, an idea is a specific steady state condition of matter, which explains why the material substratum is continuously being folded and unfolded in countless ways to form all types of individual bodies. On the contrary, Helmont views ideas as independent of matter while being capable of ruling over it. For Helmont, full transparency between subjects and objects of knowledge, and full dominion over matter can only occur when nature will be restored to full purity after the Last Judgment (a theological view that, with all due differences, Bacon and Locke share with Helmont). The original aspect of Helmont’s pathology of ideas – an aspect that Locke knew, perhaps adopted in his early training in experimental medicine, but did not endorse after leaving Oxford – lay in his belief that the ideational power of *imagines* and representations was indeed operative and productive starting with the *minima* of matter and arriving at the loftiest visions of the ecstatic minds.¹²

If we compare three types of seventeenth-century mental pathologies which are different but related to each other, that is, Bacon’s, Helmont’s and Locke’s ideational frameworks, we are confronted with characteristic alternative views in which human thinking could in fact be seen as the most sophisticated attempt in nature to calibrate the motions of the mind with the motions of matter. Broadly speaking, we should say that, unlike Bacon and Helmont, Locke is much more interested in the motions of the mind than the motions of matter. Precisely because Locke believed in freedom of thinking understood as the fluid crossing over and recombination of associated ideas, he was extremely concerned, from a social and political point of view, with any kind of dogmatic solidification of this power, in terms of prejudices, superstitions and creeds. To put it simply, mental ideation was no social ideology for Locke.

¹² See Giglioli’s contribution in this volume, pp. 153-82.

When one considers Locke's philosophy of thinking, the universe that he holds to be encompassed by the human mind is extraordinarily varied and suggestive. The strength and originality of Locke's approach lies in his open-mindedness and willingness to explore that territory that is the murky borderland between knowledge and ignorance. Significantly, Locke's sceptical attitude is always devoid of moral condescension and epistemological sanctimony, so much so that, as a purely cognitive phenomenon, folly is as important as sanity and therefore worth studying. In this respect, thinking is the activity that in Locke's *Essay* holds the secret underlying the agglomeration of ideas. The *Essay* is a study of human thinking without relying on the postulates of logicism, psychiatry or neurobiology. The fluid and associative logic of mental representations that Locke elaborates when describing the process of thinking is so open as to include aspects that one might dub as alienation or confusion.

This freedom, however, has nothing to do with the description of religious enthusiasm as a form of social insanity. Locke's advocacy of freedom in thinking is not to be confused with his views concerning various kinds of mental illness, anatomical distemper, religious fanaticism, political authoritarianism, logical dogmatism, biological or philosophical nativism, cultural superstitions, delusions and prejudices. We don't think that, in purely epistemological terms, Locke can unambiguously and irrevocably distinguish true from false ideas. Above all, he cannot separate sanity from insanity. But even so, there is no reason to despair. Associative fluidity in mental health is the counterpart of probability in knowledge. Owing to the associative nature of human thinking, one can even posit a healthy state of self-estrangement. A self as a subject of imputable actions is a mind that remains the same while associating new segments of conscious life. Indeed, the only remedy against pathological and destructive associations of ideas is to cultivate freedom in thinking through the flexible resources of mental awareness, which means to steer and control the course of associations. Thinking in freedom, which is the ordinary state of the human mind, is tantamount to never being at rest within the boundaries of one's consciousness.¹³ This freedom can be dangerous – it may lead to “the greatest, I had almost said, all of the errors in the world”¹⁴ – and it can be unsettling, so much so that human beings feel the need to postulate innate principles, apriori schemata or original grounds to feel safer.

¹³ See Giglioni at p. 161.

¹⁴ Locke, *Essay*, II.xxxiii.18, p. 401, as quoted by Tabb.

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