

## PROXIMATE AND ULTIMATE

*A medical note on the phenomena at Lourdes*

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THERE is still a tendency, which will probably persist as long as this planet remains inhabited, to belittle the miracles at Lourdes. This is exemplified by two fairly recent books.<sup>1</sup> I want, in this article, to suggest that the attempts to explain away, as it were, the supernatural element in the recorded events, rests on the failure of those who try to do so to distinguish between what Catholics call proximate and ultimate causes.

Few modern writers who have taken the trouble to go into the medical aspects of Lourdes would deny that remarkable recoveries do occur there, and that, in the prevailing circumstances, the standards of medical detective work undertaken to exclude mistaken diagnosis, hysteria and fraud, are high.<sup>2</sup> It is true that the great majority of officials and doctors who make up the three bodies which handle the evidence (the Medical Bureau at Lourdes, the Medical Commission, the Canonical Commission set up by the Bishop) are Catholics; but it is unlikely that these men, concerned with their own and their Church's good name, would deliberately deceive both Catholics and non-Catholics so successfully for so long. I shall not here concern myself with the consideration of either the cruder explanations put forward to account for the cures at Lourdes, or with the history of Bernadette<sup>3</sup>, or

<sup>1</sup> Weatherhead, L. D., *Psychology, Religion and Healing* (Hodder and Stoughton, 1951). West, D. J., *Eleven Lourdes Miracles* (Duckworth, 1957). See Appendix for a note on this book.

<sup>2</sup> Leuret, F., and Bon, H., *Les Guérisons Miraculeuses Modernes* (Presses Universitaires de France, Paris, 1950; English translation by John C. Barry and the author of the present article, *Modern Miraculous Cures*, published by Peter Davies, 1957). Cranston, Ruth, *The Mystery of Lourdes* (Evans, 1956).

<sup>3</sup> Trochu, F., *Saint Bernadette Soubirous* (Longmans, 1957). The first doctors who examined Bernadette suggested hallucinations to account for her statements. Dr West and Dr Weatherhead lay stress on the psychological aspects of the cures. It is natural for those not inclined to sympathize with Lourdes to think of hysteria (in the proper technical sense of the word) as a reasonable label for Bernadette and the Lourdes cures. I do not think Bernadette's history and behaviour can be fitted into the sort of description of hysteria—or any other psychological disease—such as found in Price's *Practice of Medicine*, without strain. The same can be said of the cures. It is the over-all picture that is impressive; it is this, *plus* what Catholics believe to be reasonable grounds for belief in God, our Lord, our Lady and Bernadette, and the possibility of miracles, that, with God's grace, keeps us believers. It may also make us a little careless of the response of unbelievers to what seems from their point of view to be our carelessness—it is this we have to try and eradicate.

with the growth of the medical services which now supervise the investigation of alleged miraculous cures. These aspects of the shrine's activities have been dealt with in many books,<sup>4</sup> to which the reader is referred.

Several hypotheses may be put forward to account for the recorded observations by those unsympathetic to the Lourdes story. We may conveniently call one the statistical hypothesis. Physicists tell us that their facts may best be accounted for by supposing that matter is made up of rapidly moving minute particles; these move in a random way and their individual activities cancel one another out, so that, for instance, a brick will not normally fly 'spontaneously' into the air as a result of all its fundamental particles moving 'by chance' in the same direction. Theoretically this might happen, the probability of it doing so being millions to one. It is possible, however, to appreciate that, if it can happen theoretically, it might in fact happen given an 'infinite amount' of time. (The words I have just put in inverted commas are so labelled to warn the reader that there is an apparent contradiction between them—an amount of something cannot, as we usually use the word, be infinite.) It follows that one could say that a miracle was an event 'due to chance'—whatever that may mean—an event which statistical calculations suggest is very rare, but which might nevertheless occur.

There is clearly no reason why God, the ultimate cause, should not use a mechanism of this sort to produce cures. His mastery of electrons and atoms could so alter their motions as to account for the passage of a glorified body through another body—i.e. the ultimate cause has used secondary causes to produce a miracle, as we claim he does at Lourdes.

But to use the word 'chance' or 'probability' as an explanation of a particular miracle in particular circumstances is simply to say that our observations cannot be accounted for in terms of current chemistry, physics, mathematics and biology—a statement with which any Catholic familiar with the subject would agree. The point at issue is not, however, what proximate change will explain the phenomena, but whether God is directly responsible for having temporarily suspended part of the totality of law—and this can only be settled by reference to all the circumstances of the

<sup>4</sup> Leuret and Bon, *op. cit.*, Cranston, *op. cit.*, Sandhurst, B. G., *Miracles Still Happen* (Burns, Oates, 1957).

cure. Further, our explanation will clearly be related to whether we believe that God exists, and is a Being at once transcendent *and* immanent, and whether we believe we can know these things. Which will, I think, make it clear how difficult it may be to find common ground with an agnostic humanist or a Christian deeply under the philosophical influence of that view of life (as many non-Catholic clergymen are, for instance), to discuss the Lourdes phenomena satisfactorily.

The successful use of statistics by scientists to solve many of their problems (at least partially) seems to me insufficient ground for treating such a cure as Rose Martin's (carcinoma of womb, 1947),<sup>5</sup> in a particular place and at a particular time and in a particular setting—that of her life and the life of Lourdes—as due to 'chance'. It is certainly explaining mystery by mystery to explain Lourdes by God; but God seems to me a more 'rational' mystery than 'chance'. The God hypothesis seems to me a sounder one than the chance one, i.e. the God hypothesis gives a better explanation of the phenomena than the 'chance' one, if one may so speak.

In effect, I may well subscribe to the view that one brick may 'spontaneously' rise into the air once in several million years; I should find it difficult to explain the observation that many bricks had risen into the air over a period of seventy years on the same statistical hypothesis. Such an increased concentration of flying bricks in time would surely require some modification of my Newtonian view by an Einstein!

In any case, such an hypothesis can be used to explain any apparently related series of causes and effects; pushed to its illogical conclusion 'chance' as an explanation is destructive of all scientific theory (and therefore ultimately of practice). Such an hypothesis explains everything away; the God hypothesis explains everything, even though we cannot see the entire explanation; but at least it does not explain it *away*. Statistical methods are important and valuable scientific tools, but the way it seems to me they are being used in this context might justify the unfair jibe that they can be used to explain anything. They need to be controlled by a thinking being and a rational metaphysic.<sup>6</sup>

<sup>5</sup> Leuret and Bon, *op. cit.* This cure was also described in the *Daily Mail* in 1957.

<sup>6</sup> There is an excellent discussion in the 1956 issue of *Philosophical Studies* on the use of the word 'probability'.

Another hypothesis put forward to explain Lourdes miracles may be called biological. The statistical one may or may not account for the data at fundamental particle level; the biological hypothesis is an attempt to give an ultimate explanation, it seems to me, at the physically bigger level of the cell and its products and activities. The two hypotheses do not exclude one another, naturally, and were they put forward specifically as proximate accounts of the observed changes no Catholic would need object to them. It is the usurpation of God's action that must legitimately be opposed. Such usurpation is often implicit in these views—even though they may be put forward by men claiming a Christian philosophical outlook.

We know that severe psychological or physical shock can produce improvement in health. This piece of evidence has been incorporated into what is known as 'the stress theory'; it may be that shock acts to some extent *via* the adrenal gland and its hormones—chemical messengers. It has been suggested<sup>7</sup> that dipping patients into any spring under the same sort of circumstances as is done at Lourdes might produce the same sort of cures; the combined 'sense of exaltation' and adrenal hormone release being sufficient to account for a miracle.

This view has, to the best of my knowledge, no experimental support; should such ever be produced we should simply have to credit God and our Lady with a knowledge which we have only just acquired; once more I cannot see that God's use of such proximate causes could be used to deny his or our Lady's part in events.

Whilst I doubt if any doctor would agree to exposing his moribund patients to such an experiment—which would have to be submitted to proper statistical control—it should be possible for a combined team of pro- and anti-Lourdes scientists to get together and carry out the work on other animals—their object being simply to establish the truth. Should they produce evidence in support of the hypothesis, this itself would prove valuable and interesting. But I feel that some experimental support is required for what at the moment amount to no more than assertions. Those concerned would have to bear in mind that Lourdes cures generally involve absence of convalescence and are almost instantaneous; the experiments would be difficult to devise, but this should not deter

<sup>7</sup> Weatherhead, *op. cit.*

those who feel there is something to be said for their views from undertaking them.

Cases of spontaneous recovery from cancerous moles (melanoma), from tuberculosis of the abdomen (now also curable by antibiotics), from apparent miliary tuberculosis (which turns out to be Loeffler's syndrome—possibly an allergic disorder which may cure itself), and from other cancers, or cases alleged to be cured by faith healers,<sup>8</sup> do not as a rule bear close comparison with, for instance, such Lourdes cures as those of Rose Martin—cancer of the womb;<sup>9</sup> of Edeltraud Fulda—Addison's disease, now treatable, and interestingly enough, due to partial or total destruction of the very glands allegedly partially responsible for the cure, i.e. the adrenals;<sup>10</sup> of Evasio Ganora—Hodgkin's disease, which may spontaneously become arrested so as not to kill the patient,<sup>11</sup> and of Jack Traynor,<sup>12</sup> who, diagnosed as suffering from traumatic epilepsy, paralysis, and a considerable hole in the skull, was drawing a hundred per cent disability pension from Her Majesty's Government at the time of his cure—and after! In particular, the instantaneity<sup>13</sup> of the cure and absence of convalescence after cure are usually very striking in the Lourdes phenomena.

I think it incumbent on the supporters of the biological hypothesis to carry out careful comparative studies of cures at Lourdes which have been pronounced miraculous and of as nearly as possible comparable 'secular' cures before they can expect us to take their view more seriously.

Should chemists ever produce a chemical (or other) method of suddenly curing all manner of ills without subsequent convalescence, we could admit that they had perhaps come upon the likely proximate causes of Lourdes cures. Again, however, they would not have eliminated the ultimate cause of such phenomena. We should simply have to say *distinguo*—the word 'miracle'

8 I do not give references to these kinds of cases, since little difficulty would be experienced in finding the relevant literature by anyone wishing to do so; but the following may be cited as examples: Levison, V. B., 'Spontaneous Regression of Malignant Melanoma', *British Medical Journal*, vol. i, 1955, page 458; and, Rose, L., 'Some Aspects of Paranormal Healing', *ibid.*, vol. ii, 1954, page 1329.

9 Leuret and Bon, *op. cit.*

10 Cranston, *op. cit.*

11 *ibid.*

12 *ibid.*

13 This word needs clearer definition by Catholics; I suggest various degrees be set up and all cases classified under them. Cf. West, and Leuret-Bon, *opp. cit.*

would need to be qualified by the addition of the words 'natural' or 'divine'.

I should like now to make some constructive suggestions which might help all of us who have shown interest in Lourdes: (a) to obtain more published information about the facts at Lourdes; (b) to distinguish proximate from ultimate causality—something both Catholics and non-Catholics need to do if discussion is to be more fruitful than it sometimes is.

To our non-Catholic colleagues I should like to say that such literature as I have read by some of them on Lourdes suggests that they are unfamiliar both with the sort of distinctions I have tried to stress in this article, and with the depth and breadth of our thought on God, miracles, science and Lourdes—all of which are most important to us. I feel that attacks on our belief in miracles, if they must be made—and I assume that they are made in good conscience by men whose desire is to unearth the truth—should be preceded by a more profound study of our metaphysical and theological principles as well as by many more studies of comparable cases along the lines I have suggested. Objections by critics of Lourdes ought to be directed at both levels, but these must be distinguished by those concerned in the debate. Only so can fruitful discussion proceed. I feel that in particular much closer study of the view we take of the bearing of 'statistical explanations' on the data is necessary; if no limitation is to be placed on the meaning of this word, little common progress can be made.

*A fortiori* all Catholics involved in these matters must be familiar with their implications. In addition, they should not, particularly if they are not medical men, be too forward in becoming involved in technical discussions. Further, they must respect the views of doctors, or others, who may have read of or actually had experience of cures apparently similar to those reported at Lourdes,<sup>14</sup> and who will naturally tend to use not only the above explanations, but even simpler ones—suggestibility, hysteria, the faith that heals, unknown factors. Clearly factors are at work which are not understood, and so, in some sense, 'unknown'. But fruitful and clear discussion with these

<sup>14</sup> Levison, *art. cit.*, and Rose, *art. cit.*

persons requires rather more subtlety—along the *distinguo* lines, as it were—than many Catholics usually make use of.

To assist in better dissemination of the facts, I should respectfully like to make some suggestions. The main drawback to the advice I am going to give is that it will need very considerable financial outlay and support; nevertheless, here it is.

Ideally, a *large hospital* is needed at Lourdes, in charge of a *full-time*, all-the-year-round, in-the-hospital, highly qualified staff. This should include senior consultants and research clinicians as well as research assistants with travelling scholarships, and nursing, secretarial and technical staff with all the necessary equipment—some of the latter is already available.<sup>15</sup> These people would be responsible for the follow-up of alleged miraculous cures;<sup>16</sup> they would travel to the homes of the patients, interview the witnesses and collect all the necessary evidence, including reports of X-ray, chemical, biological and other relevant investigations, which could be photographed and filed for publication. Their records, which would include the Canonical Commission's enquiries, would be published in the *Lourdes Archives*—a journal similar in appearance and set-up to the *British Medical Bulletin* and similar first-rate scientific publications. (The current journal of the proceedings of the Medical Bureau is too small and poorly printed.) This document could be published annually and circulated to all university libraries.

The hospital staff would receive, in advance, copies of all medical records at present carried by each pilgrimage, and should be able to organize clinics and courses during the pilgrimage time both for their own benefit and that of any visiting scientists. It seems to me that this kind of activity would be one of which our Blessed Lady would thoroughly approve.

#### APPENDIX

*A Note on Dr West's book*, ELEVEN LOURDES MIRACLES

THIS is an important book; it contains quite the severest criticism of the methods of the medical men responsible for running the Lourdes Bureau, as well as of the Canonical Commission, that I have seen.

<sup>15</sup> Leuret and Bon, *op. cit.*

<sup>16</sup> A book which best illustrates the sort of investigations I am suggesting is that of Mr B. G. Sandhurst (see Footnote 4). This layman's approach, *plus* that of a doctor's technical view-point, would do admirably.



I would say at the outset that I agree with many of Dr West's criticisms—which will be evident to the reader of the translators' introduction to Bon and Leuret's book *Modern Miraculous Cures* (see footnote 2 above). There is not an adequate permanent medical staff at Lourdes; there is not an adequate secretarial staff; nor is the standard of publication of cases high. There are discrepancies between published reports—just as there are between case histories taken at different hospitals. Pre-cure documents are not always satisfactory. I myself expressed reservations about the Clauzel case—nor had I heard of Dr West at the time (Dr Barry and I translated Leuret-Bon some years ago).

Despite Dr West, however, I do not think it true that the Church authorities are 'always searching for cures of the apparently incurable and for miraculously rapid changes of physical state'. I am not quite sure in what sense Dr West uses these words, but the whole history of the Church's attitude to miracles in general, and to Lourdes in particular, is one of great reserve. The real point of disagreement lies, I think, further back, as I have indicated in the above article. A society believing in God, the divinity of Christ, and miracles, will approach the data in a generally more sympathetic way than an unbeliever, without, in the particular case, losing its sense of scepticism and responsibility. After all, the Church, Europe's elder society, has a longer experience of witchcraft, fraud, miracles—torture, too, both for and against—and the confessional, than any other 'equivalent' association. She is, also, the part-parent of the law of Europe. These activities are, on the whole, conducive to a critical attitude in these matters.

Dr West has to use many words in his short book which need close consideration before it could be decided just what he means. For example, on page thirteen he talks of few 'essentially incurable diseases'. To decide the meaning of this term would require not only long discussion, but research of the kind I have suggested is needed above. (Dr West, too, would like to see such work carried out.)

Dr West naturally stresses the psychological factor in cures. No one today would deny their possible importance. But despite Dr West's criticism of the details of case-taking, despite his suggested alternative diagnoses—and I agree heartily this is an aspect of affairs which must be far better documented and discussed—I cannot see how the possible psychological factors will



explain Rose Martin (cancer) or Jack Traynor (severed nerves, hole in the skull, hundred per cent pension—Dr West does not mention this case, nor has it ever been proclaimed miraculous: I have suggested elsewhere (see footnote 2) that the Ministry of Pension records might be helpful). After all, allowing for Catholic bias, poor records (it isn't easy to foresee a miracle), lack of financial support for full-time staff, and other snags, it seems unreasonable to cast aside so much evidence because the post-mortem carried out by Dr West does not satisfy him.

Let us agree, however, that any improvement of scientific endeavour is for the good of the search for truth and therefore of us all. The support of a fully-staffed hospital at Lourdes might become, one could hope, a charge on the lay missionary apostolate and so help to establish more clearly in the sight of unbelievers what Catholics have always believed—that God can and does perform miracles, whatever secondary causes he may use.

Jack Traynor's case is fully documented in Mr Sandhurst's book; his whole approach to it is first rate; this is the way, with full medical authority, cures should be written up.

One last word: is there any reason why all canonical commissions should not include two medical assessors—one preferably a foreigner?