The sea is barely wrinkled, and little waves strike the sandy shore. Mr. Palomar is standing on the shore, looking at a wave... it is not “the waves” that he means to look at, but just one individual wave: in his desire to avoid vague sensations, he establishes for his every action a limited and precise object... But isolating one wave is not easy, separating it from the wave immediately following, which seems to push it and at times overtakes it and sweeps it away; and it is no easier to separate that one wave from the preceding wave, which seems to drag it toward the shore, unless it turns against the following wave, as if to arrest it... In other words, you cannot observe a wave without bearing in mind the complex features that concur in shaping it and the other, equally complex ones that the wave itself originates...

A nervous man who lives in a frenzied and congested world, Mr. Palomar tends to reduce his relations with the outside world; and, to defend himself against the general neurasthenia, he tries to keep his sensations under control insofar as possible.

Mr. Palomar
Italo Calvino, 1983 (3-4).

In 1984, along with a Canadian psychiatrist, I visited a department of psychiatry in a hospital in Shiga prefecture in Japan. We were on the trail of an outbreak of fox-possession which, we had been told, still occurred with some regularity in a nearby village. While conversing with the young Japanese psychiatrists, we were told that they had recently been sent a video tape of a case of depression made by WHO, which was designed to aid in the international standardization of psychiatric diagnosis. They went on to say that the middle-aged woman who appeared on the tape did not fit at all with their image of a depressed person (which is one of a middle-aged business man who over-works himself), and that in their experience depressed Japanese patients do not usually present with similar complaints or style of affect as the woman on the tape.

The act of classification is, of course, necessary for the survival of humans in social groups. One particular style, which assigns objects to groups or classes on the basis of shared attributes (known as monothetic classification), is an ancient and possibly universal preoccupation which has proved to be a very efficient method for bringing a sense of order and
control over the phenomenal world. The logic of this system is one based upon division, and the boundaries of various groupings represent attempts to carve up the "real" world as perceived by an outside observer or analyst. The Western version of monothetic classification, grounded in the logic of Aristotle, provides the foundation for classification of diseases today, and is based upon the assumption that one can "arrive at correct descriptions and arrange them in valid typological relations through observation, classification and generalization" (Ellen 1979: 2), an activity which Edmund Leach calls "butterfly-collecting."

Even the early typologists of modern biology such as Lamarck recognized that the establishment of boundaries between classes is not simply the result of straightforward inference from empirical facts. Blurring of the edges was acknowledged, as were social influences on the creation of terminology. Recent work in genetics has amply reinforced that these limitations are substantial (Ellen 1979: 3).

There are other styles of classification, and one which Needham (1975; 1980) has written about extensively, the polythetic system, is based largely upon reasoning by analogy. Such a system is independent of the hierarchical, acontextual divisions characteristic of scientific classificatory systems and, according to Needham, should be judged by its social uses as a means of producing cognitive and symbolic order (1980: 47).

The creation of diseases in biomedicine is grounded in the observation of signs and recording of symptoms according to their shared attributes, which are then taken as the basic data, the empirical "facts" of medicine, and assumed to have universal application. Using signs and symptoms as the starting point for classification in medicine is, of course, a very old custom, made use of to some extent in all the literate medical traditions of the world and one which does not necessarily result in a monothetic system of divisions. In East Asian medicine, for example (traditionally a polythetic system), clusters of symptoms which appeared together regularly in any one illness episode were recognized as the fundamental units of diagnosis. These clusters were associated by analogy with various aspects of the cosmos, social relations, objects in nature, and so on, and complex prescriptions were selected using the same analogical system to counteract the symptom clusters. Variation in these clusters over short periods of time in individual patients was regarded as important data and medication was changed accordingly with the progression of the illness episode. Using a classification system such as this, emphasis is placed upon the uniqueness of each patient and little attempt is made to generalize from one case to another.

A similar approach was used in European medicine until the middle of