A Note to the Reader

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☞ I had the privilege of working with Allen Barbour for many years in the Stanford General Medical Clinic and was greatly influenced by his teaching. We spent many hours discussing the kinds of patients described here, and I was an early reader of the drafts of what is now this fascinating book. I have seen some of the patients whose cases are presented in the pages that follow myself, often at times when Allen was not available. I have again and again had the usefulness of the approaches to patients described in this book validated in my own clinical experience, and I believe it is must reading for all physicians who are on the front line of patient care.

In reading the book a final time in proofs, I realized that Allen has presented increasingly difficult scenarios as the book proceeds, and that the relatively “quick cures” in the initial examples may be viewed by some readers as unrealistic. If one stops reading after only a few chapters, the examples may appear atypical, the approaches simplistic, and the conclusions superficial. I particularly want to urge those readers who may react skeptically at the outset to read on. You will see that Allen understands the complexities of the approach he uses, and also recognizes that it will sometimes fail with certain patients—as is the case with all our ministrations.

Whether through modesty or oversight, Allen has not described the precise steps by which he came to classify a patient’s illness as being of psycho-

social origin. On pp. 183–85, Allen has reported his series of 400 patients seen in the Stanford Diagnostic Clinic and has categorized their illnesses according to organic or psychosocial causation. Again, the skeptical reader may ask, How did Allen finally decide the problem was of psychosocial origin? When we find a specific organic cause whose removal cures the difficulty, we are quite safe in attribution. But how do we decide a problem is psychosocial in origin? In fact, Allen followed an extremely rigorous and meticulous process by which this was done. This involved, first, the complete review of all records available about previous care; second, the interview and physical examination of the patient in the manner described in the text, utilizing many innovative techniques to facilitate discovery; third, the repetition of appropriate previous tests and new testing as needed (though there were certainly times when no further testing was indicated); and fourth, elimination of any organic etiology.

I feel it important to stress that Allen's categorization of illness by organic or psychosocial causation was dependent on the fourth step—elimination of any organic etiology. This determination was based on his clinical judgment, the patient's and/or the patient's referring physician's acceptance of the non-organic etiology, improvement in the course of the illness after intervention, or long-term follow-up either by visits to the clinic or by phone during which time no new organic disease manifested itself. Though we have not established for psychosocial diagnosis the equivalent of Koch's postulates for determining organic disease, the process outlined above—which Allen followed scrupulously—seems the very best possible. I hope you experience, as I did, the excitement of the revelations contained in this work.