Medical triage is a much muddled matter. One surprisingly important reason that it is, has to do with the sorting of wool and coffee. The use of the term *triage* is noted, in the *OED*, for the sorting of wool fleece as early as 1727 and for coffee in 1825. The specimen entry for coffee indicates that beans were standardly graded as “best quality” or “middling,” and the third sort, the so-called “bad broken berries,” were called “triage coffee.” The *OED* also notes that the verb *try*, which comes from the same root, *trier*, to cull or sort, had already acquired its legal use in Anglo-French practice *circa* 1280. But it seems to have been used then, as in a way it still is, to signify distinguishing wrong from right – which of course by a not unreasonable extension could be thought to bear on triage of the market sort, in the sense that one might falsely represent one grade of wool or coffee as another; but this would still be to mix two distinct ideas. The important thing is that the earlier wool sorting does not seem to have featured any tripartite scheme and is not associated with any market emergency; and the triple division of coffee beans, perhaps etymologically innocent, has very noticeably yielded to an almost irresistible three-fold classification in modern uses of the notion of triage – as in emergency military medicine. Military medicine is not invariable in this; but certainly one of the most widely cited schemes for either transporting the wounded for medical treatment or actually treating them divides the pertinent population into those who are too badly hurt to benefit at all, those who stand a reasonable chance of recovering without any intervention, and those whose prognosis is clearly maximally or decisively affected by the kind of intervention being considered.¹

There are enormous differences between the practice of coffee and military triage. But strange as it may seem these differences have never been completely sorted in a careful way. The result is that certain pressing questions regarding newer forms of triage – notably with respect to the technological advances of modern medicine – are very nearly reduced to incoherence. There is, first of all, no attention to scarcity or shortage or crisis or need of any sort in speaking of coffee triage; practice, there, has to do, it seems, exclusively with the grading of commodities in

accord with market norms — that are themselves of course linked to prevailing tastes and demands. If scarcity has any relevance at all in the market practice, it is as a result of triage, not as a moral or legal or prudential problem of some sort to which triage is applied as an appropriate and generally adequate method of resolution; or, further afield, scarcity is a mere contingency on which the practice has an entirely tangential bearing. The distinction between features of the case to be decided and features of the decision itself will prove essential (as we shall see).

Secondly, it would be excessive to suggest that the specific satisfactions of graded wools and coffees belong to any list of human needs that could be seriously said to be essential or to take precedence over such values as actual survival, avoidance of disability or profound pain, or the like (although in the case of morning coffee perhaps we might relent). But it is clear that one might well speak of a fair practice with regard to sorting coffees and, consequently, with regard to pricing and related distributional considerations concerned with justice in the market. It would then also not be unreasonable to raise higher-order questions about whether the presumed justice of practices linked with coffee triage — for example, pricing and availability within a given market or with regard to the very scope of the market to be served — accord or fail to accord with utilitarian or contractarian or egalitarian principles or the like. But although it would be possible to institute a top-down practice of justice in which triage itself could be said to be entailed by some would-be utilitarian criteria by which the market served the greatest good of the greatest number, it seems much more persuasive to suppose that coffee triage was a natural, somewhat local practice with only the thinnest connection with such universal principles and that the attempt to apply such principles in the actual working practice might well generate alien and utterly unmanageable problems. The trouble is that it is just this conception that is more often than not invoked in tendering paradigms of medical triage. Thus, for example, Stuart Hinds emphatically reports the decision, in 1952, of the British Ministry of Health — faced with a short supply of Salk polio vaccine and the imminent danger of a high death rate among unvaccinated children — that to make the supply “go round most equitably, all eligible children would have their names listed for a lottery-type selection…. This is ‘triage’ [he adds]” ([16] p. 39). But either this is not triage or not the only or most plausible interpretation of triage; or the