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THE NOMENCLATURE OF MINOR MENTAL DISORDERS.

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FEW names in medical nomenclature are simply names. Some, like *measles*, *leprosy*, and *gout*, tell us nothing about the disease processes indicated, and their function could be performed as well by any other euphonic combination of letters; but most names of disease conditions carry further implications. A *cold*, for example, implies an etiology, and *acute infectious endocarditis* implies an anatomical localization, a pathology, and a qualification as to time. The simple names we may call indicative, the others descriptive.

As time passes, so our views on etiology and pathology develop or alter, and we find ourselves using descriptive names the meaning of which is now rejected. The descriptive significance of *malaria* or *rheumatism* is now obsolete; but such examples are not easy to find in general medicine. Perhaps one cannot attribute to the medicine of the schools the present use of the phrase 'bilious attack', no doubt of respectable ancestry, which occasionally obscures by its speculative pathology the symptoms of glaucoma, appendicitis, or arsenical poisoning: it is a descriptive phrase becoming obsolete in use and meaning.

In psychiatry the obsoletely descriptive names still used are in proportion more common; *lunacy*, *hysteria*, *melancholia*, and *hypochondria* no longer convey their inherent meaning—their pathology has become mythology, but no harm results. There is no striking incongruity, for example, in speaking of hysteria in men, and no one would, solely under etymological influence, prescribe cholagogues for

melancholia. But some terms, like 'bilious attack' in general medicine, still occupy a doubtful position; *neurosis* has a meaning beyond my grasp, though I once wrote of a 'neurosis of the leg'—I cannot tell why, and I give no man the reference, but I meant a hysterical paralysis with anæsthesia. If I may be pardoned a personal digression, I would explain that as a late comer to psychopathology I found myself involved in its problems before I had digested its nomenclature, and the digestion is still delayed almost unto rejection. In an endeavour to clarify my ideas I turned to the Oxford Dictionary, and found *neurosis* defined as "A functional derangement arising from disorders of the central nervous system, especially such as are unaccompanied by organic change in the structure of the body; a nervous disease". The first historical reference is to Cullen, who writes (1776–84): "I propose to comprehend under the title of neuroses, all those preternatural affections of sense or motion which are without pyrexia, as a part of the primary disease". Next Good writes (1822–34): "He considers it [lead colic] to be a neurosis". In 1874 Maudsley wrote of "families in which insanity, epilepsy, or some other neurosis exists". These quotations show that the usage of the word at present, elastic though it is, is narrower than formerly.

Neurosis is often used as a synonym for 'functional nervous disorder'—itself a clumsy phrase, for disorder involves function; we should be perplexed if we did not know the convention by which the aim of the phrase is to stress the absence of known disease. But why 'nervous'? What can we imagine about the nervous mechanism of, say, a hysterical fugue, that we cannot equally imagine about a manifested dislike for tomatoes or the actions of politicians? The three behaviours equally depend upon the functioning of the nervous system; if one can be described as 'nervous', then all can. It is interesting to find that Dr. Johnson, with the insight characteristic of some psychasthenics, wrote in a letter to Mrs. Thrale, in November, 1783, of "a tender, irritable, and, as it is not very properly called, a nervous constitution"; and Robert Burns, speaking of his own sufferings, said (January, 1788): "I am a good deal inclined to think that what are frequently called nervous affections are indeed diseases of the mind".

With a reservation which I will amplify later, functional nervous disorders are mental disorders. But let not the psychologist imagine that he knows more than the neurologist about the relation of mind and brain. When he talks of volition or conative tendencies or complexes he is only using abstract conceptions that facilitate description and discussion. He may explain what he indicates by them, and we may admit the need of postulating them, but they are used because we do not know enough to get closer to the problem; they are

scientific confessions of ignorance. On the other hand, to describe disturbance of volition in terms of even functional nerve disorder is often an unscientific assumption of knowledge.

Almost daily I pass a sad-looking man who bears a placard with the motto, "Nerves shattered by shell-shock". To him and the public this means some physical state, and the influence of this false pathology is fully perceived by those whose task it is to convey the truth to such war sufferers (words are lacking by which I can indicate concisely, in clinical language, what sufferers I mean, but the reader knows). To explain that a man's symptoms are not due to an injury of those things called nerves is met by retorts as, "Then you say there is nothing the matter with me?" or, "So you think I am off my head, do you?" Our own meaningless use of words with meanings has taught our patients to speak of their nerves with the same satisfaction with which our ancestors talked of rheums and humours, and with the same comfortable and unjustified feeling of knowledge. It must be admitted, however, that the practitioner who uses correct terminology will probably meet with misunderstanding on the part of the patient, and the incorrect use of words may be necessary to convey correct ideas. On the other hand, the education of the public in correct terminology may be expected to remove some of the stigma that attaches to mental disorders.

The source of greatest offence to accuracy of thought is *neurasthenia*. It has now become only a thought-saving device and covers any disturbance of mental processes that is not insanity or a glaring hysteria, as well as some disturbances of vegetative functions. The journalist who writes of a whole people suffering from 'post-war neurasthenia' only slightly enlarges our use of the word. Unfortunately it connotes a pathology—vague and indeterminate, but influential. Neurasthenia means weakness of nerves, and this organic weakness demands the hypothesis of an organic change of tissue. Time forbids that I should seek in the literature the causes of this organic change; but there come to my memory flat-foot, floating kidney, dilated stomach, intestinal toxæmia, pyorrhœa, drug habits, sexual excess, heredity, telegraphist's cramp, physical trauma, religious doubts, business worry, white bread, diphtheroid organisms, suppurative conditions, and most infectious diseases. A list of curative procedures and drugs would be as long.

We are generally tyrannized by words, and when we escape from this specific tyranny *neurasthenia* will take its place with 'bilious attack' among the obsoletely descriptives. But how escape from fresh tyranny? Dr. Rows has pointed out a principle in suggesting that we should cease trying to classify certain cases as epilepsy or hysteria, and be content to describe them as 'convulsive seizures'.

We must avoid diagnostic words that give a false sense of knowledge ; if words have an intrinsic meaning we must take care that the meaning and use of the word do not spread beyond the limits of knowledge, and in some circumstances we should choose words that convey as little information as possible.

What use, then, can we make of the nomenclature already at our service ? I shrink from the responsibility of suggesting any new words, and I do not think they are necessary.

Neurosis is perhaps useful, but I find it difficult to extract a meaning from the word, though it looks as if it meant something. We are learning about the endocrine glands in this connection, and are even threatened with *endocrinosis*, which I can imagine as becoming very popular and driving psycho-analysis off the newspaper stage when the insanity of a capital offender is in question. The endocrine glands have a relation to emotion on the one hand and to disturbance of the function of nerve tissue on the other ; and it is here that we expect the co-operation between the neurologist and the psychopathologist that it is the function of this journal to foster. Without specifying an endocrine, an emotional, or a toxic factor as primary, we can regard it as proved that nerve action may be so deranged without demonstrable change of structure that vegetative and other functions are interfered with. I would limit *neurosis* to such a derangement of the intrinsic function of nerve tissue, of which the army 'disordered action of the heart' affords a good example—the rapid pulse, sweating, blue hands, and the fine tremors being all direct physiological results of deranged nervous control. To put a negative aspect, the symptoms have no direct relation to volitional control, unlike, say, a coarse hysterical tremor that can be imitated by anyone, for a time at least, and which has a more direct psychological meaning to the patient. In this tremor there is no interference with intrinsic nerve function ; one of the functions of motor nerves is to produce that spasticity of muscle that goes to make up the hysterical tremor. The tremor depends upon volition ; to call it a neurosis and maintain that a disorder of volition must be accompanied by a functional disorder of cortical cells is an intellectual exercise that does not intrigue me as a clinician, though when I turn to metaphysics I become interested in the abstract problem and am willing to discuss epiphenomenalism or psycho-physical parallelism with anyone who maintains such a neurosis theory.

In applying my definition there will be difficulties—in fact, I am fully aware of the danger of attempting a definition of any term in this subject—but some cases will be clear. A patient who suffers from a pure obsession without any somatic accompaniment does not provide us with the means of picturing any nerve, or system of nerve

tissue, the intrinsic function of which is deranged; if we say the cortical cells are at fault, then we skip the metaphysical problem, and may as well ascribe the difficulties of Irish politics also to a disorder of function of cortical cells. In our present state of knowledge such an assumption has neither scientific foundation nor pragmatic value. On the other hand, the physical signs in 'D.A.H.' indicate certain intrinsic nerve functions which are deranged, and which we may profitably study. I would not describe as a neurosis that hysterical vomiting which can be arrested by a stern command and the patient's deprivation of a basin, for the nervous mechanism of vomiting is working well; but a 'nervous dyspepsia', with alterations in gastric secretion and motility, can be studied as a change in intrinsic nerve function. *Neurosis*, then, indicates a type of tissue reaction; it is useless as indicating the type of patient when we wish to consider minor mental disorders. Looking at the history of the word, we see its present use was the result of that nineteenth-century belief that science would soon solve the relation of mind and brain; our continued use of it is a pretence that the problem is solved, and if it is to be retained in our nomenclature we must give it a narrower meaning that will justify the retention.

What of *psycho-neurosis*? To most people it means something that is not a psychosis, and it need not mean a neurosis; so that it becomes etymologically akin to 'black-beetle'—a word not used by the educated, since the creature thus named is neither black nor a beetle. I can offer you no alternative word like 'cockroach', which, in spite of its appearance, does not connote any relation to fowl or fish. As a matter of fact, there is no etymological reason why *psychosis* should not be applied to our cases; it is usually applied to insanity, but some authorities have applied it to the minor disturbances (Dr. Henry Head uses 'functional psychosis' as an alternative to 'shell shock' in *Medical Problems of Flying*, page 219), and there seems no good reason why we should not speak of *minor psychoses* when we wish to indicate what have been called 'functional nervous disorders'. The phrase indicates only that mental processes are disturbed, and need not convey any view as to whether the disturbance has any possible anatomical foundation.

The group name being disposed of, we may now consider the chief reaction types that come within the group, remembering that we are not dealing with 'clinical entities'—a conception dear to those who kiss the rod of verbal tyranny—but with patients, whose symptoms will not always fit nicely into the most perfect scheme. Any classification must be loose; but this looseness is necessary and inherent to the subject, and may not be entirely removable by any advance of knowledge.

Under the heading "Conditions found in the minor psychoses" I find it convenient to speak of:—

1. *Hysteria*—a name which is now non-descriptive, and objectionable only on account of its condemnatory nuance. I use it to indicate disturbances due to altered volition, and also a particular temperament of the patient; that is, both for a symptom and a condition. Whoever is not satisfied with this use can surely find in the literature a definition to suit himself. *Conversion hysteria* is proper if used in its original sense.

2. *Anxiety states*—a term that may be applied to cases characterized chiefly or entirely by anxiety. This avoids Freud's crystallization of anxiety neurosis and anxiety hysteria, though the terms are proper if used in his sense. It is unfortunate that the law of priority in scientific nomenclature should not be applied here; if it were, we should be spared the use of anxiety hysteria, Freud's phrase to denote a condition arising from the sexual impulse, by people who do not accept that psychopathology and who lead to confusion when they use the phrase. It would be proper for them to speak of *anxiety with hysteria*. *Anxiety neurosis* is similarly misused; Freud coined the phrase and applied it to a condition which he believes to be of toxic origin, and his use of 'neurosis' is not inconsistent with my attempted definition.

3. *Obsessional states*—which stand remote from hysteria—are also often associated with anxiety. The customary phrase *obsessional neurosis* is mytho-pathological.

4. *Hypochondria*—which is sometimes, I believe, a part of an obsessional state, but there may be a type for which the word is useful; the discredit attached to the implied pathology renders it harmless.

5. *Psychasthenia*—which I am loth to part with, for I have fallen under its tyranny, and find that Janet's conception still helps me to sum up mentally certain conditions; but the nomenclature of the Royal Colleges makes it a synonym for obsessional insanity, and the separation from it of the anxiety and obsessional states leaves little but a residue of doubters and over-scrupulous ones who merge into the normal.

6. Last and least, *Neurasthenia*. I once made a classification of 415 cases,¹ and 5 of them I called neurasthenia. Dr. Ernest Jones,² classifying on a different basis, arrives at 1 per cent of neurasthenia, and the nearness of the proportions is not a coincidence. There are uncommon cases, characterized by feelings of misery with neurotic symptoms and a loss of volition, that do not fall into any of the types mentioned above, and they appear to conform to early descriptions of neurasthenia. I have no other word to indicate them,

but regret that the present rigidity of our language will not allow the use of *neurastheny* in the vulgar tongue, leaving *neurasthenia* for these rare cases, just as *melancholy* has taken on the broader sense and left *melancholia* to psychiatry. In the absence of such a distinction we must use some qualification to show we are not using the word in its general and deplorably evasive sense; I would suggest that some phrase such as *specific* or *actual neurasthenia* should be used; *essential neurasthenia* would be suitable, but the law of priority intervenes, as it has already been used by Charcot in another sense.

This discussion on words will not, I hope, be regarded as abstract. Such a word as *neurasthenia* is as powerful as it is pernicious. I recall an unfortunate patient whose depression, insomnia, and inability to work led to that pseudo-diagnosis, which in turn led to two months' 'Weir Mitchell treatment', when she was shut up alone, with no friends, no books, and no recreation, filled with most distressing obsessional thoughts which her physician had failed to elicit. Like many obsessional patients, she was shrewd and intelligent; as she progressed towards recovery under other treatment, her frank criticism of 'nerves' satisfied me that patients who are worth treatment do not need the euphemism of 'nerve exhaustion' or 'neurasthenia' to cover a minor mental disorder. In other cases such phrases have been a real hindrance to treatment. On our side, by using words implying a pathology which may be, and probably is, false, we hinder a healthy confession of our ignorance or an acknowledgement of the difficulty of the subject.

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- ² JONES, ERNEST, *Treatment of the Neuroses*, Baillière, Tindall, and Cox, 1920, 183.