



The Name of the Rose

“Nor bring, to see me cease to live,
Some doctor full of phrase and fame
To shake his sapient head and give
The ill he cannot cure a name.”

—Matthew Arnold, *The Wish*

All right. You can't blame a man for trying. After all, who knows anything about a common cold? But that ignorance doesn't extend to many other areas, you're sure. Besides, what's the difference if the ailment is called a cold or a virus?

It makes a difference. Giving a disease or any phenomenon a name is the first step in most magic. It implies power over the unknown. It signifies knowledge of what it is and how it is caused. Necromancers go through elaborate rituals and end by invoking the name of the devil, who then will be forced to give them gold, glory or Marguerites. The knowledge of the unutterable names of God gave Solomon wisdom to understand the language of birds and beasts. There is also a branch of medicine called nosology, the systematic classifica-

tion of diseases.

Nosology has an ancient but not honorable history. The Greeks believed that a disease was caused by an imbalance of any of the four humors: blood, phlegm, yellow bile, black bile. (These humors described personality as well as pathology. From their names we get *sanguine*, *phlegmatic*, *choleric* and *melancholic*.) By that nomination they proceeded to treatment aimed at restoring the proper balance of the humors, mainly by diet, exercise and exorcism, none of which helped much in cases of malaria or typhoid fever. Later, Erasistratus taught that plethora, an excess of blood, caused disease. He, too, used diet and exercise to reduce the volume of blood, but his followers felt they were more logical

when they actually let blood. This practice returned, reinforced by improved knowledge of the circulation of the blood, and gallons of blood were removed in the era of bloodletting that followed. Macaulay gleefully describes the macabre details by which King Charles II was medically exsanguinated in his last illness. Most Americans are unaware of how George Washington died—of a sore throat treated by emetics, purges and the removal of four pints of blood. Still later came the development of pathology and then the germ theory. Vaccines, sera, antisepsis and asepsis were each believed to be the definitive medical answer to disease. They weren't, but some doctors still cling to the teaching that *Corynebacterium acnes* causes adolescent acne, and others still treat that condition with vaccines.

Now we are in the stage where a whole class of disorders is called *degenerative*, thereby implying there's not much we can do about them. For if man is born to trouble as the sparks fly upward and death is inevitable and hardening of the arteries an inexorable concomitant of aging, then why beat our heads against a stone wall? Sigh and say, "It's one of those things" when eyes grow dim and hearing fails and skin gets slack. It's discouraging. It also gives the doctor an out. You can't expect him to hold back time.

Naming of diseases is an important function of the doctor's ritual. Example: You have a miserable itch at the anal area. You scratch, which is about all you can do, considering how invisible that part of your anatomy is to you unless you're a Japanese acrobat. You worry that you have cancer or something equally horrendous. You shed your false modesty and in desperation go to the doctor (who may be a dermatologist or a proctologist, depending on your psychological background). He examines that very private place and tells you, "You have a condition called *pruritus ani*," and he outlines a course of treatment. One thing I can guarantee you—he's 100% right in his diagnosis and no gambler would take odds that he isn't. *Pruritus ani* means *itching at the anus*. Check it in the dictionary if you don't believe me.

Another example: Your child had a sore throat and now has swollen glands in the neck. Being a good parent, you hasten with him to the pediatrician, who says, "Don't worry. It's only *cervical adenitis*." You could hug him for that reassuring bit of information! And to think he made the diagnosis without even a blood count! Only if you're a suspicious, subversive character would you wonder what that is, and you would look that up, too, when you get home. Provided you can

spell it, that is. If you did that little bit of research you would find that *cervical* means *of the neck* and *adenitis* means *inflammation of the glands*. It's a good thing for the doctor that you're an honest, loyal American.

Still another example: Every now and then, after you've smoked too much or been too excited, you've felt your heart give a sudden bump and you swear you've felt an extra beat. You're frightened. Time's swift chariot seems a bit closer than it should be. You make an emergency appointment with the doctor. He listens to your heart, hems and haws, maybe takes an electrocardiographic tracing. He ponders over the squiggles on the paper and then tells you, "You have an occasional *extrasystole*." You exhale in relief that you don't have a myocardial infarction, the same as Senator So-and-so had, who died last week. You console yourself that it's a good thing you went to the doctor, for now that the diagnosis has been made, you'll get treatment appropriate to that fearful sounding disorder. How fortunate for the doctor that you don't know that *extrasystole* means *extra beat*!

It seems as though words are just as good as casting the dice, and names can be substituted for messy inquiries at a sacrificial altar.

Some doctors deny that they are being intellectually dishonest by giving a Greek or Latin synonym for the English name of a disease and thereby conning the patient. They say that they are merely using euphemisms (like *passed away* for *died*) for the patient's comfort. Maybe so. *Palsy* sounds better than *paralysis*, *edema* than *dropsy*, and *nervous breakdown* than *depressive psychosis*. But other euphemisms make the patient's flesh crawl just by their sound: *nosocomial disease* for *hospital infection* and *pediculosis* for *lousiness*. And where's the psychological value of writing or saying *Hansen's disease* when the explanatory *leprosy* is added parenthetically?

(When I was an intern I heard a patient tell her doctor that she fell asleep promptly and as promptly woke up an hour later and then stayed awake all night. Instead of saying, "You have insomnia," which would have satisfied her need to have her complaint given a name, the doctor said, "The trouble with you is that you sleep too fast. Sleep more slowly." As we left the bedside I saw her pondering over that very reasonable answer.)

The doctor's jargon has a double purpose: to astound and confound his patients (as in the above anecdote) and to cover up his ignorance. Too often, alas, the second overshadows the first. By naming the disease the

doctor deludes himself into thinking he has made a rational diagnosis; he can then go on with confidence to therapy—and he does.

Astounding and confounding are part of the ritual. They have therapeutic value—if you're stupid enough or trusting enough to believe that part of a cure is obfuscation by conglomerate Greek or Latin words. Some words have no value, however. *Halitosis* has lost its terrors; everyone knows what that is. Some itises, like *burs-*, *arthr-*, and *neur-*, are becoming worn out from common use. That accounts for the present popularity amongst doctors of *fibrositis* and *myositis*. *Neuralgia*, too, is on the way out except in the lower classes, but *cephalalgia* (made up of Greek words, meaning an ordinary headache) is taking its place.

I said "lower classes" above. I meant it. Class distinctions exist in the doctors' naming of diseases, just as class distinctions exist in other life styles. (Marxists, please note). Army officers get *urethritis* but enlisted men get *gonorrhea*. Poor patients have *the wax blown out of their ears* but rich ones have *impacted cerumen removed*. Dr. Thomas Szasz, a maverick psychiatrist, has written extensively on the nondifference between the *insanity* of the ordinary citizen and the *abnormal behavior* of the V.I.P.

A new twist on medical nomenclature for the laymen is the homely touch: *athlete's foot* for *epidermophytosis*, for example, and *housemaid's knee* for *prepatellar bursitis*. Of course, the patient knows that the doctor is comforting him by using the vulgar tongue. He also is not fooled—good old Doc is trying to keep the bad news from him. When pressed, not too hard, Doc will give the *real* name of the sickness.

(I note that I have used the word *layman*. *Layman* stresses the snobbish separation of the medical profession from the common herd. Doctors think they are like the clergy, anointed and blessed, with the power to dispense life and death. You're the layman, the poor slob who accepts the distinction. Other professions also have their noses in the air—teachers, lawyers and undertakers.)

Words clothe the doctor in more than a little brief authority; they decorate him better than the plumes of the African wizard or the ocher of the Australasian. *Osteomalacia* is more melodious than *softening of the bones*, and *alopecia* more euphonious than plain *baldness*. If the doctor puts on such verbal trappings merely to mystify you, he does you no harm. The danger comes when he himself pays credence to the mantras he sings.

Once upon a time there was a condition called *general paralysis of the insane*, or *paresis*; instructions for its treatment appeared in textbooks of psychiatry. Naturally, because the name implied that the paralysis followed the insanity, it followed that the cause lay in the insanity. Dr. Richard von Krafft-Ebing (you're right!—the same fellow!) said in 1877 that paresis was the result of emotional stresses and psychic factors such as excessive intercourse (when you're on to a good thing, why give it up?), weak nerves (known as *nervous asthenia* in those days, another example of naming), and too much striving after wealth. Other psychiatrists, noting the frequency of the disease in actors, soldiers and sailors, had another explanation: actors played so many roles and impersonated so many characters that they finally lost their own identities and became completely confused; soldiers and sailors were exposed to such harsh climates, foreign miseries and general hardship that they just went crazy. In 1898 Virchow (I quoted him before, but maybe I shouldn't have, considering what follows) vehemently attacked the idea that paresis could be caused by syphilis. Then in 1913 Hideyo Noguchi demonstrated the presence of spirochetes in the brain tissue of paretics, thus proving that paresis was a late form of syphilis and should be treated as such. The misnomer, *general paralysis of the insane*, was quietly dropped.

Also in the field of psychiatry there once was a condition called *constitutional psychopathic personality*. Now *there* was a diagnosis. It was obviously incurable, being inborn, as the first part betokened, and the rest indicated it was on the borderline between mental retardation and frank psychosis. Gradually the name was changed to *antisocial personality*, and lately to *sociopath*. Dr. Henry Davidson, a psychiatrist, recently questioned whether either name was a diagnosis or a term of derision. "Sometimes," he wrote, "these people are unhappy or neurotic, occasionally they are truly psychopathic, and in some cases you get the feeling that they are just evil." The patient may be sad, mad or bad, but the name serves its purpose—to hide the doctor's ignorance of the true state of affairs.

(Or sometimes to show his political preferences. *Antisocial* indicates violent dissatisfaction with the best of all possible worlds, our present society, thus putting Black Panthers, Communists, anarchists and hippie revolutionaries in the same bag. A little extension could also include other dissenters and nonconformists like Jeremiah, Jesus and John Adams.)

Today we still have what is called *schizophrenia*.

Doctors confronted by a group of psychic abnormalities gave a name to it, a name from the Greek meaning *split thinking*. So if it's thinking that's at fault, why look to the body for the cause? Keep investigating the psyche. Only after decades and decades of no results from those investigations did research turn to the physical processes going on in schizophrenics. Naming may have held up progress. (I say "may have." So far there hasn't been much progress. Doctors still "treat" the condition by a variety of methods, even by reading poetry to the patients.)²

Do you remember rheumatism? It was probably a diagnosis when you were younger, but now not even TV commercials for pain relievers mention it. Rheumatism was a convenient catchall name for rheumatoid arthritis, rheumatic fever, osteoarthritis, gout and a dozen more painful disorders of the joints and muscles. Rheumatism had a standard treatment: heat, rest, and salicylates. Only when rheumatism disintegrated into its component verities (gout, rheumatoid arthritis, osteoarthritis, etc.) did treatment become more rational.

Naming saves the busy doctor's time. He doesn't have to think too hard about what causes the trouble—unless he's a researcher, and then the name may become an *ignis fatuus* to lead him astray. Example: There was in my time a disease called *Hebrews' Disease*. (It is a canard that the name comes from II Chronicles 16: 12-13, which reads, "And in the thirty and ninth year of his reign Asa was diseased in his feet, until his disease was exceeding great; yet in his disease he sought not unto the Lord, but went unto physicians. And Asa slept with his fathers, and died in the one and fortieth year of his reign.") The name, Hebrews' Disease, obviously indicates that the disease occurs in Jews and hence must have a genetically determined background. And if the fathers have eaten sour grapes, what's the use of taking care of the children's teeth? More than fifty years ago a brilliant New York surgeon wrote a paper on its etiology (a good word, meaning *causation*; you'll hear it used again, so don't forget it) in which he pointed out the curious fact, discovered by himself, that only Russian Jews (he was a German Jew) were afflicted by the disease. A gifted writer and an iconoclast, he said the cause must be found in geography, not in genetics. "In a narrow band from the Baltic to the Balkans" lies the origin of the disease, he said. He investigated many cases of the disease in New York City; he found it only in immigrant Russian Jews, except for one man of Irish descent born right in the city.

Being a persistent cuss, he finally drew from the man's mother the admission that the father may have been an itinerant Jewish peddler. Before he could proceed with further research into the dietary and sexual habits of his series of patients, someone else discovered that another ethnic group could have the same disease and the next edition of a surgical textbook alliteratively described its incidence in Jews and Japanese. By this time other researchers got suspicious and when Finns, Frenchmen, Norwegians and native New Englanders—all uncircumcised—were discovered with Hebrews' Disease, the name was changed to *thrombo-angitis obliterans*, descriptive of its appearance under the microscope, and its etiology was more carefully looked into. (But not yet discovered. Some doctors have given up in disgust and say the disease doesn't even exist. Others have attributed it to causes as varied as fungus infections of the feet and the eating of ergot-infested rye bread. On the basis of the latter, a textbook of therapeutics advised that sufferers from the disease could drink all forms of alcohol except rye whiskey.)

On occasion doctors put names to what isn't there. Some diseases, like the emperor's new clothes, just don't exist. Remember how superfluous characters in Victorian novels were removed by brain fever? That was not encephalitis. Brain fever was a literary disease. It came soon after prolonged study, extreme worry or overwhelming emotion, as when a girl was jilted. It usually ran a short, fatal course—two or three paragraphs. Other characters died of a decline; that was good for a chapter or two. Brain fever is no longer prevalent, nor is teething fever, but idiopathic colic, chronic cystic mastitis, and visceroptosis are still around.

(*Idiopathic* is a great word for doctors. It means the disease started by itself. That means that the disease needed no cause, no creator; it just sprang up. There's idiopathic thrombocytopenic purpura, idiopathic scoliosis, idiopathic atrophy of the skin, and lots more. Idiopathic is the medical version of the Big Bang theory in astronomy. Who needs God, allergies, bacteria, viruses or chromosomal aberrations in such diseases?)

I'm not nit-picking. Naming has perils. Dr. Frank Cole, editor of the *Nebraska State Medical Journal*, describes cardiac arrest. "It means that the heart has stopped, and whose heart does not stop when he dies? It suggests that the heart stopped without a cause, and

² You don't believe that? See a book called *Poetry Therapy*, edited by Dr. J. J. Leedy, published by Lippincott, 1970.

this is pure nonsense. The idea that people die during anesthesia from mysterious causes is as old as anesthesia. . . . But while the false idea will not die, the name is changed every twenty years, so that the theory appears fresh and new and therefore modern and valid. And we have called this non-existent disease by such names as status lymphaticus, status thymolymphaticus, status periculosus, primary syncope, cardiac standstill, asystole, and now cardiac arrest. These are lovely names, they are sesquipedalian. Their elegance and their very length almost convince us. But people die on the operating table because they are not watched or because they bleed. Mysterious agents do not . . . kill patients 'between two heart beats.' Death in surgery is due to respiratory obstruction, cardiovascular accident, hypotension, and to other members of a list, all of which are known and have proper names."

Naming, you see, is different from diagnosis. It can be as hazardous as calling on the devil, pacts with Satan being notorious for being weighted in his favor. Plato, in *The Republic*, said, "Of a surety, they give strange and newfangled names to diseases." Perhaps you ought to be as wary of the glib doctor as that old Greek implies he was. When a doctor pronounces that the disorder he is treating is thus-and-so in Latin, ask him what it is in English and don't be satisfied unless he can make you understand. Refuse to be mystified. It is better for you to know that he doesn't know. Then you won't take the medication (which may have potential for harm) he orders, and you can always go to another doctor. You'll save money and possibly your health.

Naming *can* be harmful to your health. When a doctor orders a regimen of drugs or diet on the basis of a named but undiagnosed condition, you are the one who's taking a chance, not he. My niece was recently treated for what the doctor called *Winter Vomiting Disease*. (That sounds like the opposite of *Summer Diarrhea*, which has disappeared in name and in fact. It was shown to be caused by bacteria, not solstices or equinoxes, and disappeared after the introduction of pasteurized milk.) Whatever *Winter Vomiting Disease* was, it was not helped by a starvation diet and opium in the form of paregoric.

2.

Naming is also a short-cut for the doctor—to tell his

colleagues something unfit for untutored ears to hear. I don't refer to *fellatio*, which has already appeared on the drama pages of the *New York Times*. I mean the private language of the profession. Every predatory trade has its argot, vividly expressive of its contempt for its victims. The secret language of doctors is used only in intimate discussions in the privacy of hospital staff rooms or the golf course. There, where there is no need for magic, the practitioners thereof talk about patients and their illnesses with their hair down. A very short glossary follows:

Acute Lumpuk—accented on the second syllable—an acute illness of no importance, not worth the bother of having an accurate diagnosis, self-limited, responding well to reassurance and any prescription whether taken or not.

Chronic Moldavian Crud—an obscure skin disorder that the doctor can treat for at least three times before sending the sufferer therefrom to another doctor, and *da capo*.

Cinque Test—a useless laboratory test done at the patient's insistence and accomplished by pouring the specimen down the drain.

Crock—an uncooperative patient who stubbornly persists in having the same complaints time and again despite the expert ministrations of his physician.

Disease Entity—an actual disorder from which a patient suffers, recognized by the doctor as undiagnosed but which he will nevertheless treat until a diagnosis is established.

Fecalemia of the Circle of Willis—the circle of Willis being the arterial supply of the brain, this condition indicates that the patient's head is full of feces.

Gork—a vegetable; i.e., a patient whose mental faculties are clouded to the point of total apathy.

Neuremia—a form of hypochondria, the implication being that the patient's blood hurts.

Shopper—a patient whose dissatisfaction with diagnosis or treatment is expressed by his going to another (not necessarily more skilled) doctor.

More definitions could be given, but this is not, after all, a dictionary.