The Diagnosis and Nosology of Minor Maladies

THOSE TAKING PART in the Morbidity Survey will find themselves confronted with many difficulties. In the planning of any complicated investigation it is not easy to cover all eventualities by any code of procedure. Perhaps the greatest difficulty which our morbidity surveyors are likely to meet, is in the nomenclature of the minor complaints which occupy the greater part of the general practitioner's working day, for few serious efforts have previously been made to arrive at any standard terminology for these maladies.

It is ironic, but understandable, that the International Nomenclature of Diseases was designed primarily for the recording of causes of death. As might be expected, the first serious attempt to draw up a systematic scheme of nomenclature was made by Linnaeus, who published his *Genera morborum* in 1763.[1] The years which followed were those of the great encyclopaedists, and in medicine were marked by a spate of works on classification, most of which are now forgotten. The *Nosologia methodia* of François Boissier de la Croix de Sauvages, published in 1768, is said by Garrison " to illustrate the taxonomic mania in a most ludicrous way. Sauvages endeavoured to classify diseases as if they were specimens in natural history, sub-dividing them into ten classes, with as many as two hundred and ninety-five genera and two thousand four hundred species."[2] In 1769, William Cullen published a short pamphlet, the *Synopsis Nosologiae Methodicae*, which similarly arranged diseases according to their symptoms, into classes, orders, genera and species. Thirty-four varieties of chronic rheumatism were differentiated and gout was included amongst the neuroses.[3] Erasmus Darwin in his *Zoonomia*, or the *Laws of Organic Life* (1794), gives a " Catalogue of diseases distributed into natural classes, according to their proximate causes with their subsequent orders, genera and species." This may be held to be an advance on both the anatomical system of Linnaeus and the symptomatology of Cullen. In this country, however, it was the *Nosology* of Cullen which gained general recognition and from the date of its publication in 1785, until the establishment of civil registration in 1837, it was in general use in the public services.[4] William Farr, in his letter to the Registrar-General, published in the Registrar-General's First Annual Report, wrote, " the advantages of a uniform statistical nomenclature, however imperfect, are so obvious that it is surprising no attention has been paid to its enforcement in Bills of Mortality. Each disease has in many instances been denoted by three or four terms, and each term has been applied to as many different diseases; vague, inconvenient names have been employed, or complications have been registered

instead of primary diseases." He concluded with words which are as important to us today in the carrying out of any survey of morbidity, as they were when they were written a hundred and fifteen years ago. " The nomenclature is of as much importance in this department of inquiry as weights and measures in the physical sciences, and should be settled without delay." Farr arranged the diseases as far as possible by their anatomical sites, and his system formed the basis of " *The Nomenclature of Diseases*," published by the Royal College of Physicians in 1859, and, with slight modifications to meet the advance in sciences, the list was used in the Registrar-General's Annual Report until 1881.[4] Useful as these indices are, we cannot expect that they will give us much help in our classification of non-fatal illness.

When we turn to the standard text-books, we find equally little guidance. These are for the most part written by men who, by virtue of their special interests and appointments, and through no fault of their own, rarely see the lesser ills with which their frail neighbours are so generously afflicted.

In general practice, with as yet few clear definitions to guide us, we have still to depend on custom and tradition for the terms that we use. Thus when we write " fibrositis " or " myocarditis " on a record card, it gives us, who make the note, an idea of what our patient is suffering from, but to any other person looking at the card, the words may have quite a different connotation. Sometimes we cannot even go as far as this with our diagnosis. How often indeed, after we have carefully examined a patient, are we confronted with the question : " Is it a chill, doctor ? " and how often have we, in all humility, to answer : " Yes; a chill ! " But a " chill " by many another name would feel the same and respond as adequately to the healing force of nature. Our patient knows just what a chill is and he at least is satisfied. He goes away assured that his loss of appetite, his nausea, his feeling of coldness, and his desire to hide away and sleep, are merely a deviation from health which, with the help of a slight prod from his doctor, will rapidly improve. Although in some cases the " chill " has become agrandised into such conditions as " winter vomiting ", " summer diarrhoea " and " epidemic vertigo " there still remain a large number of cases in which no underlying pathology can be discovered, and is not the layman near the mark when he thinks of his condition as only a variation from his normal health ?

A nomenclature which is based on morbid anatomy or on the presence of infecting organisms, finds little place in the daily records of a general practice. The psychiatrists have in their special field,

met this same problem. Twenty or so years ago they were content with a classification of definite hard and fast syndromes—the manic-depressive psychosis, the melancholia, the schizophrenia, were all clearly defined entities. It was soon realised that many of their patients would not readily fit into any of the boxes prepared for their reception. The Second World War, amongst its other services to medicine, brought to the psychiatrist numberless patients who, whilst being sick in mind, could by no stretch of imagination be classed as mentally diseased. For the purposes of description and " medical boarding ", a new nosology for psychiatry had to be evolved. By drawing on the major symptoms of the patient, and using terms denoting broad mental states and attitudes of mind, by adding thereto sufficient descriptive terms to give a word-picture of the sufferer, the problem was satisfactorily, if clumsily solved. We read of " the anxiety state with hysterical tendencies ", the " hysteria with schizoid phazes ", and more briefly of the " anxiety state, abdominal " or the " anxiety state, cardiac ". Might not we general practitioners, also, accept the fact that health is a state in which variations from the normal or average may occur without disease necessarily being present.

This is just an example of one way in which these problems could be met; there are many others. It must be obvious to most people, that a completely new approach to the nosology of the minor maladies met with in general practice is long overdue. The College has already been consulted by the committee of the World Health Organisation responsible for the preparation of the new edition of the Nomenclature of Diseases, but the Council felt at the time that the College was not ready to contribute any useful comments in the preparation of the present edition. The problem must, however, be tackled and the morbidity survey is underlining the need for some clear thinking on it.

As a first step it might be useful if practitioners in various parts of the country, were to write concise histories of some of these cases of malaise and then indicate what they consider the diagnosis and why. Certainly as an exercise in " brain dusting "—to use a phrase dignified by Osler—it might be well worth while.

The Editor invites suggestions and correspondence on this problem.

REFERENCES

[1]Garrison, F. H.—*Introduction to the History of Medicine*, 4th Edn. Philadelphia, 1929, p. 311.
[2]*Ibid.*, p. 313.
[3]*Ibid.*, p. 358. Comrie, J. D.—*History of Scottish Medicine*, Lond., 1932, p. 314.
[4]*Manual of the International List of Causes of Death.* H.M. Stationery Office, 1931, p. iv.