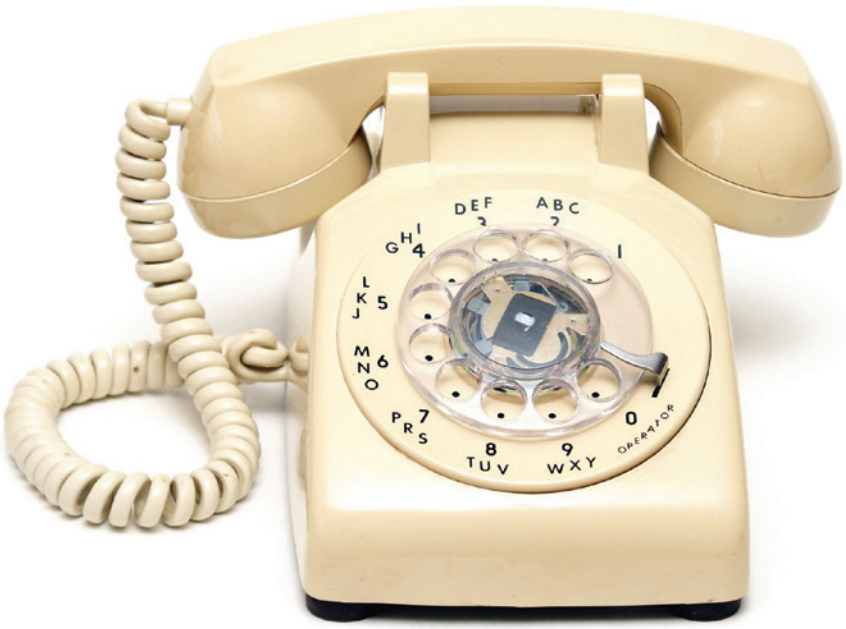
Some things have changed in 25 years.



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Disorders Without Explanation

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I recently saw a 40-year-old woman with a movement disorder that began in her teens, reportedly diagnosed at a major medical center at age 20. Since that time she's done very well, living a normal life, married, with children, seemingly comfortable. I was surprised by her history. Her problem, presumably an autosomal recessive disorder, was progressive, yet hers had not progressed. Her movements were very intermittent, sometimes not present for hours, yet they did occasionally interfere with her life. They never occurred when exercising, so she can jog without problem. Her movements were quite odd and it became quite apparent to me that they were psychogenic. She was not seeing me for treatment, but only to "check in," and have a doctor available should her problem worsen.

This reminded me of a couple of other cases. A 75-year-old woman who I'd followed for a few years for a very significant tremor told me that she had another neurological problem that she'd never mentioned. If she stood in one place for several seconds she would lose her balance, always falling backwards, and that she could abort this by either shaking her arms or rubbing the top of her scalp. She allowed me to film this, and I have it on file. It was a phenomenon without a physiological explanation. Yet it was not a "problem," in that it caused her no distress. She mentioned it to me casually, wanting to share a peculiar observation, like someone showing that they can bend themselves backwards enough to touch the floor with their hands. It didn't distress her in the least.

The third case along this line is a 50-year-old man who I diagnosed with Parkinson's disease 20 years ago or more, who hasn't changed during that entire time and has not required medication. He reports easy fatigue, which limits his life to a small extent, but has not interfered significantly with his family life, raising his children, pursuing his professional career or enjoying leisure activities. He is, at least to my eye, completely well compensated. Yet, I came to the conclusion a few years ago that this had to be psychogenic. I thought about proving this with the newly developed DaT scan, a SPECT scan that provides an estimate for the number of dopamine-secreting neurons in the brain. It is a fairly reliable method of confirming the presence or absence of a dopamine cell deficiency. Since we don't see physical signs of PD until people have lost between 50% and 80% of the dopaminergic cells in the midbrain, there is generally a marked difference between normal and abnormal. But in this case I refrained. Just as in the previous two cases I did not mention suspicions of a non-physiological explanation.

I also have followed a man for the last 25 years for severe parkinsonism while on prochlorperazine. He refused to taper or stop the drug, which commonly causes parkinsonism. Over the next few years it became increasingly clear that his parkinsonism, while possibly partly due to the drug, was mostly a psychogenic problem. I was unable to check him for stiffness, a cardinal feature of Parkinson's disease (PD), or for slowness, another cardinal feature, because he had too much pain to move any part of his body even a millimeter. I then learned that he had severe, intractable asthma, but never had visited an emergency room, and never had pulmonary function tests because his tremors were too severe. He had never been hospitalized for this and never had wheezing detected. On top of this were seizures, occurring many times each day. I sent a videotape of him many years ago to my mentor, who thought

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the tremors psychogenic, but I never discussed this with the patient. I have always felt, and continue to believe, that there is no reasonable chance that he might embrace the idea that all of his disabling medical conditions were the result of emotional distress. I never thought that with appropriate therapy he might become a functional person. He was wedded to his diagnoses, which were as important to him as life itself. I would have intervened if I had seen him near the onset.

I see a lot of people with psychogenic problems. All doctors do. But most of these are for highly subjective symptoms: chest pain, abdominal bloating, dizziness, fatigue, weakness. In neurology we see non-epileptic seizures (pseudo-seizures), blindness, deafness, mutism, paralysis, tremors and a wide variety of movement disorders. Many of the neurological disorders can be demonstrated to be of "non-physiological origin," either with objective testing such as video monitoring with concurrent EEG, for non-epileptic seizures, or with a variety of examination procedures. One can never "prove" that pain or discomfort or dizziness isn't organic while we often can demonstrate that a patient isn't truly paralyzed. This makes us more confident about the non-physiological origins of neurological symptoms.

Acute "functional" (non-physiological) neurological disorders usually resolve without treatment. The ones that persist six months often don't resolve, ever, even with treatment. The above cases demonstrate that some people with psychogenic movement disorders do quite well over decades. If a disorder is psychogenic, it presumably has a psychic explanation. In most cases the explanation is apparently so disturbing that the person cannot deal with it consciously, transforming the emotional distress into a physical sign. Perhaps in these cases, where people can live full lives around an isolated disorder, they have successfully cordoned off the distressing problem without having to deal with it? Perhaps some psychic traumas are best NOT dealt with other than for having a few twitches now and then? I certainly believe that for these three cases, it is highly likely that, even if the patient would embrace my diagnosis, an unlikely event, the treatment might well be worse than the disease.

I published an essay a few years ago in a neurology journal calling on my colleagues to "call a spade a spade," and tell their patients the truth when they think the problem is psychogenic and not hide behind, "I'm not sure," "I can't explain this," "maybe you should see someone else," when, in fact, they are sure. My co-author asked me how I could have written that column and then this one. The answer lies in why the patients saw me. In none of these cases was a diagnosis or a treatment sought. I was being seen for "follow-up," for reassurance, for comfort. ❖

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The Remote Origins of a Street Drug

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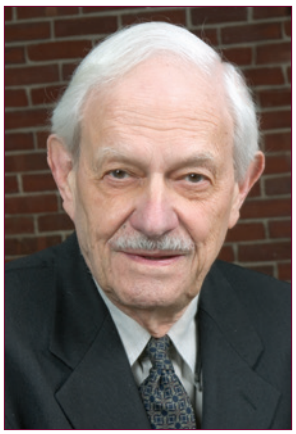

The ancient Greek and Latin languages have generously provided the art of medicine with a dazzling array of prefixes, suffixes, privatives, intensives, phonemes and roots to satisfy the profession's etymological needs as its physicians confront newly encountered pathologic variants and altered clinical disease-states. And so, over the many centuries, physicians have assembled novel technical words to fit their needs for new nomenclature, thinking these new words would stay confined to the rarefied precincts of medicine. It was a naïve thought.

For example, medicine needed a word to define the abnormal stretching, dilating or expanding of a tubular structure (such as a vein or an artery). And so some anonymous soul took the Greek prefix, *ekto-*, meaning outside or external, and the root, *stasis*, meaning the proper place, to form a new root: *ektasia*; and when merged with more appendages such as a prefix, *tel-*, meaning distant or furthest away, the new word telangiectasia was born (defining an abnormal collection of dilated, peripheral blood vessels).

And so, from its primary origins as the Greek word, *ekstasis*, meaning a displacement, came a secondary Latin word, *ecstasis*, now meaning 'a removal from its proper place'; and then, in English, a greater variety of tertiary meanings: 'beside oneself', 'out of tune with the world', and 'in the grip of deep passion.' By this century, the word came to define such entities as religious epiphanies, trances, extreme rage, exalted sexual feelings – and during the past few years, an illicit street drug.

In seeking mood-altering pharmaceuticals, chemists have recently synthesized an organic chemical called 3,4-methylenedioxy-N-methylamphetamine said to lessen anxieties and enhance a sense of intimacy/safety. An illicit street market promptly emerged. The street name of this crystalline substance was MDMA, Molly – or Ecstasy. And by 2005, recreational abuse of this drug led to about 5,000 admissions to the emergency rooms of this nation; and the annual number of such overdosages requiring emergency room intervention has now exceeded 11,000. One user of the drug, ecstasy, exclaimed, "It was like kissing God."

A Greek word with a narrow, sectarian meaning – *ecstasies* – had been taken into the domain of religion, then into the precincts of human passion and medical terminology; and by the current century, the word, ecstasy, has been kidnapped by the manufacturers, purveyors and users of a dangerous empathogenic drug.

Moral barriers may sometimes hinder the free passage of a word from one language to another, from one nation to another – and even from one profession to another; but sooner or later the transition is accomplished, but only if the immigrant word fulfills a need. If there is an urgent need for a new word, the borders of a nation's language become quite porous.

Arcane to atomic

Consider now the reverse process: the transformation of an arcane word, known solely to those interested in Hibernian literature to the realm of subatomic particle physics.

In 1964, the physicist, Murray Gell-Mann, concluded that the proton was composed of other, and as yet unnamed, subatomic particles with fractional electric charge values. And in seeking a singular name for such a particle, he remembered a small poem in James Joyce's (1882–1941) seminal book, *Finnegan's Wake*.

> *Three quarks for Muster Mark!*
> *Sure he has not got much of a bark*
> *And sure any he has it's all*
> *beside the mark …*

And so, by 1963, Gell-Mann redeemed the neologism, quark, from an obscure work of literary genius and added it to the daily vocabulary of subatomic physics.

Two words – ecstasy and quark – not quite dormant but certainly selective in their employment, have found new homes: one in the volatile jargon of street drugs and the other in the cloistered nomenclature of elementary particle physics. Kipling once observed that "words are, of course, the most powerful drug used by mankind." ❖

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