A Farewell Message for Professor Wessely?

Margaret Williams **19th July 2006**

At the fifth oral evidence session of the Gibson Parliamentary Inquiry held on 18th July 2006, the Chairman, Dr Ian Gibson, revealed that Professor Simon Wessely had submitted about 20 pages of "evidence" but would not attend because 'he'd had enough of ME'. Perhaps this time, Professor Wessely intends to keep his word and withdraw from the world of ME/CFS and move to pastures new.

Also at the fifth oral evidence session was a freelance journalist who seemed to be particularly well informed about the shambles in which the ME community finds itself. His name is Richard Webster. Webster would seem to have a farewell message for Wessely.

Those who are interested may wish to visit Webster's website (http://www.richardwebster.net) and read his 18 page essay entitled "Hysteria, medicine and misdiagnosis", from which the following quotations come.

(Note that one of the current replacement terms for 'hysteria' is 'somatisation').

"Doctors tend not to advertise their misdiagnoses any more than they are wont to display the corpses of their patients. The mistakes, misdirections, deceptions and self-deceptions in which the larger part of medical history consists disappear almost completely".

"One of the facets of medical history which tends to be obscured in this way is the manner in which disease-syndromes have frequently been brought into existence by doctors not because they correspond to any real clinical entity, but in order to provide a refuge from diagnostic uncertainty. One example of such a 'syndrome of convenience' is provided by neurasthenia".

"In Britain, hysteria is still referred to as though it were a distinct syndrome in a number of psychiatric textbooks…it is used to refer to any symptom or abnormal pattern of behaviour for which there is no apparent organic pathology".

"One of the most damaging effects of the term 'hysteria' in the past is that it has encouraged doctors to think they have arrived at a diagnosis of symptoms which, in reality, remain mysterious. This in turn means that it is much easier for doctors to miss real but obscure organic illnesses. The point has been well made by the psychiatrist Eliot Slater:

> "The diagnosis of 'hysteria' is all too often a way of avoiding a confrontation with our own ignorance. This is especially dangerous when there is an underlying organic pathology, not yet recognised. In this penumbra we find patients who know themselves to be ill but, coming up against the blank faces

> of doctors who refuse to believe in the reality of their illness, proceed by way of demands for attention ... Here is an area where catastrophic errors can be made. In fact it is often possible to recognise the presence though not the nature of the unrecognisable, to know that a man must be ill or in pain when all the tests are negative. But it is only possible to those who come to their task in a spirit of humility".

"Slater comes to the conclusion that the diagnosis of hysteria has no validity whatsoever:

> "The diagnosis of 'hysteria' is a disguise for ignorance and a fertile source of clinical error. It is, in fact, not only a delusion but also a snare".

"Slater's views have exercised considerable influence on psychiatrists and neurologists over the past thirty years and the use of the term 'hysteria' has declined in consequence. In the United States the diagnosis has, in theory at least, disappeared from mainstream psychiatry. Yet there appears to be a significant gap between theory and practice. If we are to believe the psychiatrist Philip Slavney, writing in 1990, the term still enjoys some currency even in American medical practice: 'Despite condemnation from physicians ... the concept of "hysteria" is alive and well in the practice of medicine' ".

"Aubrey Lewis draws the conclusion that the diagnosis of 'hysteria' is legitimate. He ends his paper by observing that 'the majority of psychiatrists would be hard put to it if they could no longer make a diagnosis of 'hysteria' ".

"To confer medical respectability on a label originally invented by a nineteenth century nerve-doctor who put forward as a scientific fact an entirely fictional account of the pathology of 'hysteria' seems an unsatisfactory way of dealing with medical uncertainty".

"Since 1980, DSM III has been revised (but) the underlying concept has remained unaltered. Relatively new terms such as 'somatisation' have not entirely succeeded in ousting the older terminology".

"Marsden goes on to endorse one of the most significant of the arguments put forward by Slater:

> "There can be little doubt that the term 'hysterical' is often applied as a diagnosis to something that the physician does not understand. It is used as a cloak for ignorance".

"Having noted Slater's plea for the abandonment of the diagnosis of 'hysteria' (Marsden) goes on to observe that neurologists have sometimes fallen into the trap of calling such symptoms 'functional'. As Marsden points out, however, this common usage of 'functional' is actually a misuse of a word which correctly

designates an illness which is presumed to be a real organic disorder but which has no visible pathology".

"One reason why this whole argument continues to trouble physicians and other interested parties is that the questions of medical ignorance and medical progress raised by Miller are extremely important ones. One of the main problems in this area is that, as the history of medicine eloquently demonstrates, soundings taken by physicians of the depths of their own ignorance are notoriously unreliable".

"Writing in 1993 the psychiatrist Graeme Taylor (suggests) that medical research is likely to reveal many supposed psychogenic conditions as 'legitimate' disorders of physiological function ".

"It may prove, on further investigation, that the initially unexplained symptoms are actually the signs of a recognised physical illness which is little known or whose symptoms are ambiguous".

" 'Unexplained physical symptoms' is patently not a diagnosis and invites – and indeed almost compels – further efforts towards understanding".

"The confusion as to what somatization actually means, and where the concept comes from, is significant. For while it may well be the case that it has been redefined in terms of phenomenology, it must be suggested that its strongest appeal to psychiatrists springs from the fact that it is congruent with psychoanalytic assumptions".

"The careless use of the term 'somatization', and, indeed, the very fact that this medically tendentious word is used at all, almost certainly contributes to sustaining this climate of credulity. It also suggests that modifications of terminology alone will not solve any problems. It is the concept of 'hysteria' and not merely the external label which needs to be discarded".

"If 'hysteria' has indeed functioned for centuries as a diagnostic dustbin into which physicians have tossed a huge and ill-assorted selection of diseases, syndromes, symptoms, and responses, (it) does not mean, however, that the term 'hysteria' should be retained".

"When physicians continue to use terms such as 'hysteria', 'somatization', 'psychogenic' and even 'psychosomatic', they merely perpetuate the very kind of creationist dualism which I have tried to analyse in the last part of this book. Such dualism is no more conducive to clear thinking about medicine than it is to clear thinking about any form of human behaviour".

In his accompanying NOTES, Richard Webster refers to a book by Stuart A Kirk and Herb Kutchins (The Selling of DSM: the Rhetoric of Science in Psychiatry; A de Gruyter, New York, 1992), about which he comments: "This book, of whose salutary existence many workers in the field of 'mental health' evidently remain unaware, has

been described by Thomas Szasz as ‘a well-documented expose of the pretence that psychiatric diagnoses are the names of genuine diseases, and of the authentication of this fraud by an unholy alliance of the media, the government, and psychiatry’ ”.

A farewell message, Professor Wessely ?