

psychiatric patients experience severe dysphoria and are preoccupied with the experience of experiencing depersonalisation.

C. S. MELLOR

*Department of Psychiatry
Health Sciences Centre
St John's, NF
Canada A1B 3V6*

References

- MAYER-GROSS, W. (1935) On depersonalisation. *British Journal of Medical Psychology*, **51**, 335–342.
 NOYES, R. & KLETTI, R. (1977) Depersonalisation in response to life-threatening situations. *Comprehensive Psychiatry*, **18**, 375–384.

Globus Hystericus

SIR: I suppose that if any group of psychiatrists was asked to define globus hystericus, the majority would agree with Wilson *et al* (*Journal*, September 1988, **153**, 336–339) and say that it is the sensation of a lump in the throat causing difficulty in swallowing. Modern textbooks of psychiatry, e.g. Gelder *et al* (1983), confirm this usage. However, before this venerable term sinks irrecoverably into misuse I would recall its origin, since a great part of the history of concepts of psychiatric disorder is bound up with it. Those who would recall the history in more detail should read the brilliant account by Veith (1965).

The origin of the concept of globus is the sensation of a swelling rising from the epigastrium toward the throat, accompanied by a sense of churning and fear; this is the epigastric aura of the temporal lobe fit. In ancient times, predating Greek medicine, this was attributed to the uterus taking leave of its moorings in the pelvis and led to the concept of the 'wandering womb' and to the term 'hysteria' itself. The idea that unsatisfied sexual urge is related to emotional disorder, especially in women, runs through the whole history of psychological medicine. Shakespeare expressed it in *King Lear*:

O, how this mother swells up toward my heart
Hysterica passio, down thou climbing sorrow,
 Thy element's below.

R. P. SNAITH

*Department of Psychiatry
St James's University Hospital
Leeds LS9 7TF*

References

- GELDER, M., GATH, D. & MAYOU, R. (1983) *The Oxford Textbook of Psychiatry*. Oxford: Oxford University Press.
 VEITH, I. (1965) *Hysteria: The History of a Disease*. Chicago and London: Phoenix Books, Chicago University Press.

The Mind-Body Problem

SIR: Benjamin (*Journal*, July 1988, **153**, 123–124) contends that the 'mind-body problem' is essentially a philosophical one. He also acknowledges the influence of philosophy on everyday psychiatric theory and practice. His argument for a place for philosophy in the medical curriculum deserves support. He correctly points out that most psychiatrists use philosophical arguments to justify their approach without fully working out the consequences for their clinical and research practice.

I take issue with Dr Benjamin, however, on a point of philosophy. The "hard-line behaviourist or materialist" who rejects the proposition that the human mind is a spiritual thing would not necessarily "discover that there is a great deal which he must either ignore or violently corrupt". There is room for a materialist approach which recognises the dynamic nature of matter and the myriad processes of interaction which occur within it. It is quite clear that this philosophy cannot, at this moment, explain all of the complexities of the 'mind-body problem'. The importance of this dynamic or dialectical materialism is that it provides a philosophical framework for the scientific investigation of the problem.

The philosophy of dialectical materialism can be explained simply as follows. The human mind and spirit cannot exist without a human brain. That individual human mind and spirit together cease to exist when the material of that human brain ceases to exist in the particular form which constitutes a human brain. Other human beings may continue to recognise that individual's mind and spirit as perceived by their own human brain if they have experienced direct or even indirect interaction with that individual.

Thus dialectical materialism does not recognise a dichotomy between mind and body. It requires of theories purporting to explain the complexity of the human mind to show that they are based on material facts and that the conclusions offered can be tested. It accepts that our present level of knowledge and current methods of investigation are not yet capable of explaining everything about the human mind. It poses the question, how can we explain this or that phenomenon? It is thus a spur to research. This philosophical approach allows room for all clinical findings, not just those that fit a rigid conceptual scheme as suggested by Dr Benjamin.

Dialectical materialism was the philosophical method pioneered by Karl Marx and Frederick Engels to investigate the economic, social, and political relations of man in a scientific manner. It is also the, often unspoken, philosophy that underscores scientific investigation in any field.