some dialogue or coordination, especially as neurologists sometimes blame the stigma of brain disease on misunderstandings created by inappropriate application of the term 'mental'.

I do not, however, share the possibly unrealistic and impractical view that the term 'mental illness' should be abandoned. Brain/mind issues have been debated by professionals, philosophers, patients and the public for centuries, and this will continue for some time to come. It is reminiscent of proposals to abolish the word 'epilepsy' because this neurological condition is so stigmatised. Similar suggestions have been made in the past for the words 'cancer' and 'leprosy', which together with 'epilepsy' were three great unmentionables for much of the 20th century (Reynolds, 2000).

Stigma results from ignorance, misunderstanding, fear and prejudice, and the way to combat it is by education and raising public awareness. Rather than abandon the word 'epilepsy' the International League Against Epilepsy (professional), the International Bureau for Epilepsy (patients/public) and the World Health Organization (political) have jointly initiated a global campaign to bring epilepsy 'out of the shadows' (Reynolds, 2000).

Baker, M. & Menken, M. (2001) Time to abandon the term mental illness. *BMJ*, **322**, 937.

Kendell, R. E. (2001) The distinction between mental and physical illness. *British Journal of Psychiatry*, **178**, 490–493.

Reynolds, E. H. (1990) Structure and function in neurology and psychiatry. *British Journal of Psychiatry*, **157**, 481–490.

__ **(2000)** The ILAE/IBE/WHO Global Campaign against Epilepsy: bringing epilepsy "out of the shadows". *Epilepsy and Behaviour*, **1** (suppl.), S3–S8.

__ **& Trimble, M. R. (eds) (1989)** *The Bridge between Neurology and Psychiatry*. Edinburgh: Churchill Livingstone.

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Kendell (2001) begins his editorial on the distinction between mental and physical illness by quoting with approval Lady Mary Wortley Montagu's comment that "madness is as much a corporeal distemper as the gout or asthma". This suggests that he might be a physicalist, that is an advocate of the view that all facts about mind and mentality are physical facts, but at no point does he say this explicitly. He is critical of Cartesian dualism – without saying exactly why.

Kendell then makes a proposal of his own: "In reality, neither minds nor bodies develop illnesses. Only people (or, in a wider context, organisms) do so, and when they do both mind and body, psyche and soma, are usually involved". But he does not explain how the individual person, the mind and the body are supposed to be related to one another and how this would heal the Cartesian split, nor does he offer any arguments in favour of this suggestion. If illnesses can be attributed only to people and not to minds or bodies, then we might expect Kendell to want to talk only of illnesses in general, and not of two different types of illness, as he continues to do in this editorial. Astonishingly, in the very next sentence he appears to be endorsing Cartesian dualism, the view he has already rejected: "Pain, the most characteristic feature of so-called bodily illness, is a purely psychological phenomenon". If pain is a "purely psychological phenomenon", then it can have no physical component. So there is at least one purely psychological, non-physical phenomenon in the world – a fact that is incompatible with physicalism. But, apparently oblivious of this, Kendell again dismisses Cartesian dualism when he observes that "the differences between mental and physical illnesses . . . are quantitative rather than qualitative", a remark that suggests physicalism again. Just how could differences between mental and physical illnesses by quantified? How can phenomenal consciousness or 'raw feelings' (i.e. what it is like to have certain mental experiences, such as pain or pleasure, visual hallucinations or paranoid delusions) differ only quantitatively and not qualitatively from physical phenomena?

Kendell seems to teeter between Cartesian dualism and physicalism and he presents no arguments for an alternative to dualism that might lend support to his proposed changes in terminology.

Kendell, R. E. (2001) The distinction between mental and physical illness. *British Journal of Psychiatry*, **178**, 490–493.

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Kendell's (2001) editorial made two mistakes in its reasoning, which led to an unhelpful conclusion. One cannot say that mental and physical illness should be conflated because, irrespective of the balance, mental and physical symptoms are expressed in both. This is insisting that differences in degree are not differences at all. There are indeed many disorders that have both mental and physical expressions. However, to claim that anxiety-related chest pain and myocardial infarction are both physical disorders is to conflate precisely what we wish to distinguish, even if anxiety can cause both. We contrast the terms 'mental' and 'physical' because the contrast says what we mean, and we have good reason for meaning it. As Kendell himself points out, no alternative has been found.

Proposing that disturbances in bodily function are necessary for psychiatric disorder does not imply that psychiatric disorders are physical disorders. Consider a computer virus. It may exist as a series of electrical states in a computer, a set of statements in a computer language, even a series of thoughts in someone's head, so its existence is not dependent on any physical object. None the less, it may disrupt a computer's function despite there being no physical fault in the machine. It is generally accepted that such arguments show that mental states might themselves be functions (Heil, 1998), and so purely functional psychiatric disorders are quite possible.

These mistakes lead Kendell to suggest that stigma might be reduced if all psychiatric disorders were to be regarded as physical. This makes mental illness literally unspeakable. But not speaking of something true implies an attitude towards it of denial, shame and horror, not acceptance. The concept of mental health and its promotion is currently competing successfully with 'madness' in popular culture. By falsely declaring 'mental' to be meaningless, the editorial threatens this progress. It may also consign those of our patients who are not sufficiently biological in their pathology to that therapeutic underclass, the 'worried well'.

Heil, J. (1998) *Philosophy of Mind: A Contemporary Introduction*. New York: Routledge.

Kendell, R. E. (2001) The distinction between mental and physical illness. *British Journal of Psychiatry*, **178**, 490–493.

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Author's reply: I agree with much of what Dr Reynolds says and with Baker &

https://doi.org/10.1192/bjp.179.5.462-a Published online by Cambridge University Press