NOTE ON THE CLASSIFICATION OF PATHOSMIA.

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IT has been found convenient, for clinical purposes, to classify disorders of smell not according to conditions of the peripheral and central apparatus involved, but with reference to the outstanding symptom. Thus, there is the customary division of pathosmia into anosmia, parosmia, and cacosmia. This classification, however, is not altogether satisfactory, and it may be profitable to essay its revision and to suggest tentatively a classification which may serve, pending a more fitting order. The following classification is suggested:—

(1) *Cryptosmia* signifies the condition, due to heterogeneous obstructions of the nasal passages, in which odours are not perceived, but where the peripheral and central olfactory apparatus is intact.

(2) *Anosmia* is restricted to complete loss of smell, whether permanent or temporary, due to some impairment of the peripheral or central structures. The term *hemianosmia* is retained to denote unilateral loss of smell from such causes. Peripheral causes of anosmia would include dryness of the olfactory mucosa, inherited or acquired deficiency in pigment, impairment of the olfactory nerves owing to congenital, traumatic, septic, narcotic, etc., causes. Central causes of anosmia are conditions such as aneurisms, injuries, tumours, exostoses, septicæmia, functional lesions (of psychological origin), etc. The term *essential anosmia* for cases in which local causes cannot be traced, could be dispensed with. *Reflex anosmia, i.e.*, loss of smell appearing as a reflex due to a stimulus in other parts of the body, such as following ovariectomy, may be more frequent than is known at present.

(3) *Hyposmia* should not be applied to temporary anosmia, nor to cases in which the patient is unable to perceive certain odours, but should be restricted to a condition of diminished olfactory acuity, whether permanent or temporary, and from whatever cause.

(4) *Hyperosmia*, or hyperæsthesia of smell, may be present in hypnosis, hysteria, neurasthenia, etc., and may be associated with some irritation of the olfactory lobes.

(5) *Merosmia* is suggested as a term to denote cases in

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which the gamut of odours is only perceived in part, some odours being perceived normally, others not at all.

(6) *Heterosmia* would seem a fitting term for the disorder in which other smells are perceived than those presented as stimuli. Perhaps the confusion between the odour of cheese and the fragrance of a hyacinth would belong to this category. The analogy with colour-blindness obtrudes itself, and an observation by the writer that two colour-blind subjects mistook the odour of pine oil with that of camphor, and vice versa points to the need of further investigation, more particularly with reference to the pigment.

(7) *Autosmia* may be a suitable term to include cases suffering from purely subjective sensations of smell, such as occur in epilepsy (impairment of hippocampus), lesions (*e.g.* of the anterior lobes), in tabes, various mental disorders, etc. Autosmia would, therefore, include certain cases hitherto described as *cacosmia*. However, hallucinations of pleasant odours also occur, and would also be covered by the term autosmia. Cacosmia, on the other hand, includes disorders compatible with a normal sense of smell, such as the perception of disagreeable odours due to objective causes, *e.g.* accessory sinus disease. Cacosmia is not necessarily a disorder of the sense of smell, and the term could be avoided.

The term *parosmia*, too, is open to some objection, since it is variously defined, and some cases may be relegated to heterosmia, some to autosmia, and others even to merosmia.

Quite a number of disorders in different parts of the body may be due to purely olfactory stimuli, and it is suggested that the term *osmogenic* be applied to such cases, as for instance, reflex neuroses of the larynx, genitalia, etc., but excluding reflexes due to stimulation of fifth nerve-endings.

The above classification, as has already been pointed out, is merely tentative, to pave the way for a better one resulting from further research.

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