PSYCHIATRIA ET NEUROLOGIA JAPONICA

*This English manuscript is a translation of a paper originally published in the Psychiatria et Neurologia Japonica, Vol.123, No.9, p.569-575, which was translated by the Japanese Society of Psychiatry and Neurology and published with the author's confirmation and permission. If you wish to cite this paper, please use the original paper as the reference.

Special Feature Article

What is Schizophrenia?: From the Viewpoint of Psychopathology

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Psychiatria et Neurologia Japonica 123: 569-575, 2021

Abstract

We still cannot clearly answer the question "what is schizophrenia?" on a material level. Schizophrenia is not guaranteed to exist at this level as a well-definable entity but continues to remain in our thinking as an ideal type. Taking a bird's-eye view of the history of schizophrenia research reveals two directions. One is the pursuit of the causal connections of schizophrenia, and the other is the pursuit of understanding based on meaningful connections. In the pursuit of causal connections, schizophrenia is considered to exist as a disease entity and the aim is to investigate its physical basis. This line of research started with Kraepelin, who aimed to establish schizophrenia as a disease entity, was followed by Schneider, who was committed to the improvement of diagnosis, and is seen in the empirical methodology of DSM-III and beyond. Understanding based on meaningful connections did not attempt to reduce schizophrenia to a physical level, but rather strove to reveal the nature of schizophrenia at a metaphysical level. Starting with Bleuler, anthropological psychopathology and American psychoanalysis were the prevailing trends. Psychiatry uses a social scientific methodology characterized by an ideal type at the stage of grasping the research target and tries to fully utilize the methodology of the natural sciences for pursuit from the perspective of somatic medicine. The question of "What is schizophrenia?" highlights the dilemma of modern psychiatry.

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Keywords: schizophrenia, psychopathology, ideal type, meaningful association, causal association

Introduction

Most mental disorders have not been established as disease entities in the sense used in somatic medicine. Schizophrenia is no exception, and the concept of schizophrenia has remained a typology concept (an ideal type) proposed at the time. Comparing patients diagnosed with schizophrenia one hundred years ago with those diagnosed today, the picture of the disease presented by patients with schizophrenia is not consistent. In response to this change in presentation, it is often stated that schizophrenia has become "milder". However, to make such a claim, one would have to assume that patients diagnosed with schizophrenia one hundred years ago and today suffer from the very same illness. Note that schizophrenia is an ideal type (whose existence is not guaranteed). If the definition of schizophrenia itself changes, so does the scope of the disease. If chronicity and a poor prognosis are considered essential features of schizophrenia, as in the past, then remitted cases will not be diagnosed as schizophrenia in the first place (another name will be given), and schizophrenia will remain associated with a poor prognosis. The "lessening" of schizophrenia cannot be separated from changes in the concept of what was called schizophrenia in each era.

From the perspective of psychopathology, I would like to discuss how psychiatry has tried to find an answer to the question: "What is schizophrenia?" Although this paper is limited to an overview due to space limitations, I would like to conclude by showing that there are three answers to this question. The present paper overlaps to a large extent with the previously published literature 10).

I. Origins of the Schizophrenia Concept - Kraepelin and Bleuler 6)14) -

1. Kraepelin's dementia praecox

From where does the concept of schizophrenia originate today? There may be various opinions, but the author considers the origin to be Kraepelin, E.'s dementia praecox. The name first appears in the mental process of degeneration in the fourth edition of his textbook (1893). Dementia praecox, catatonia, and paranoid dementia are listed. Dementia praecox is characterized by a rapidly developing and persistent state of mental

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deterioration, and Hecker's hebephrenia (1871) is quoted. He borrowed the term from the French report of Morel, B.A. (1852), and etiologically emphasized heredity (degeneration theory). Influenced by Kahlbaum, K.L., the focus is not only on the cross-sectional aspect of the disease (symptom structure) but also on its longitudinal aspect (observation of symptoms over the entire life, especially its outcome). In the 8th edition (1913) 11) of the last textbook he completed, the process of degeneration was renamed endogenous blunting, in which dementia praecox and paraphrenia are mentioned. Endogenous blunting is considered to be an internal cause without an external trigger that leads to mental deterioration (destruction of internal personality associations and emotional blunting), which may vary in intensity and the majority of cases are dementia praecox. Despite their marked variety in appearance, the common characteristics of these cases "make it reasonable to consider them as manifestations of a single disease process". He particularly emphasized outcomes, envisioning a composition that contrasted the poor prognosis of dementia praecox with good prognosis of manic-depressive illness (the endogenous psychosis dichotomy). At the time, Kraepelin was trying to understand dementia praecox as a disease entity, and he hoped that the development of natural science would eventually reveal the cause of the disease. As is clear from the definition, dementia praecox gave a strong impression of a chronic course and poor prognosis. The influence of this development spread not only to Germany, but also to the United Kingdom, Scandinavia, and Japan, leading to the later concepts of chronic, process, and nucleus schizophrenia.

2. Bleuler's Schizophrenia

Bleuler, E. published: "Dementia Praecox or The Group of Schizophrenias" (original title in German) 5) in 1911. His work can be summarized as the adoption of association psychology, the theoretical understanding of symptoms, and the proposal of the designation “schizophrenia” 14). Bleuler attempted to clarify the psychological relationships among the symptoms of this group of diseases. He proposed the name schizophrenia because the splitting of various mental functions is a more important characteristic than progressive mental decline.

Bleuler distinguishes between fundamental and accessory symptoms as a diagnostic system, and primary and secondary symptoms as a theoretical system. Clinically observable symptoms are first classified into fundamental and

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accessory symptoms. The fundamental symptoms are permanent changes that are characteristic of schizophrenia and always present, to a greater or lesser degree, and are of diagnostic importance. This is where the well-known Bleuler's 4As (disturbances of association, disturbances of affect, autism, and ambivalence) come into play. The fundamental symptoms are always present but become more pronounced as the disease worsens and reaches an advanced stage. He mentions latent schizophrenia that has not manifested itself, as there are mild schizophrenic symptoms among people who are normal or slightly unusual in their daily lives. If this latent form is included in schizophrenia, the scope of schizophrenia will expand considerably. This is a major difference from Kraepelin, who focused on outcome, and latent schizophrenia is also a subject that later attracted the attention of anthropological psychopathology.

Primary and secondary symptoms are often confused with fundamental and accessory symptoms. Primary symptoms are those that arise directly from the disease process, whereas secondary symptoms are secondary reactions of the patient's mentality. While primary symptoms are an integral part of the disease, secondary symptoms can be variable, including their presence or absence, and Bleuler states that almost all symptoms described to date for dementia praecox are incidental in the sense that they are secondary symptoms. He states that no primary symptoms are known with certainty, and then lists disturbances of association, clouding of consciousness, depressive and manic symptoms, predisposition to hallucinations, prosopagnosia, pupillary atypia, and tremor. Disturbances of association here refer to a decrease or flattening of association affinity in association psychology. Secondary symptoms other than primary symptoms are described as the effects of an emotionally stressful complex. The Freud, S. influence, often noted, is evident in the description of this secondary symptom, the personality's response to the schizophrenic process. The broader concept of schizophrenia, compared with dementia praecox, had an impact in the United States before DSM-III was created, due to its affinity with psychoanalysis.

3. Two Directions in Schizophrenia Research

Kraepelin's dementia praecox and Bleuler's schizophrenia were established at about the same time, and while there are, of course, many commonalities between the two concepts, there are also clear differences. The former emphasizes a longitudinal

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course and outcome, whereas the latter focuses more on cross-sectional symptom analysis. The difference in their perspectives can be said to indicate two directions in schizophrenia research. Kraepelin's ultimate goal was to establish a disease entity, that is, to pursue a physical cause (causal connection 9)). This naturally led to the direction of diagnostic refinement. Schneider, K.'s diagnostics and today's DSM diagnostics are extensions of this approach, but even today, in the 21st century, no significant results have been reported regarding the pursuit of the crucial physical basis of the disease. Bleuler, on the other hand, attempted to understand schizophrenia at a metaphysical level. He emphasized the clinically observed fundamental symptoms and developed the theory that the process from primary to secondary symptoms can be traced psychologically. This is also a perspective that seeks to understand schizophrenia by expanding meaningful connections 9). Research in this direction flourished as anthropological psychopathology, and it marked an era in the history of psychopathology in Japan.

It is also important to note that both Kraepelin and Bleuler have contradictory aspects in their arguments: Kraepelin tried to establish a single disease entity, but he did not list the symptoms common to all patients. Kraepelin also states that not all cases of dementia praecox led to dementia (blunting), which should be an important criterion, and the symptomatology of the disease is a heterogeneous collection. Bleuler, on the other hand, admits etiological heterogeneity by describing the group of schizophrenias as plural, even though he lists the essential fundamental symptoms. These paradoxes have remained in the background of the concept of schizophrenia to this day.

The following section will review two streams of schizophrenia research. The first is a trend that seeks to expand meaningful connections and clarify the psychological aspects of schizophrenia, in which psychopathology and psychoanalysis play leading roles and the natural sciences do not appear. The second aims at a causal connection, in which biological psychiatry (scientific testing techniques) plays a leading role, and the role of psychopathology is limited to the refinement of diagnostics. These two trends proceed in parallel. Because the latter requires the establishment of science and technology capable of achieving its goals, the mainstream of schizophrenia research is initially dominated by the exploration of psychological aspects, and over time, the pursuit of causal connections becomes more predominant.

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II. Movement to Reveal the Psychological Aspects of Schizophrenia by Expanding the Understanding of Meaningful Connections

There are many psychopathological or psychoanalytic studies in this field, but if we are to psychologically elucidate the relationship between various symptoms of schizophrenia, which has been attributed to the inability to understand 9), a hypothesis or theory that makes it possible to expand meaningful connections is inevitably necessary. The greatest influence seems to have been Freud's psychoanalysis. Anthropological psychopathology and the American school of psychoanalysis are representative of this movement.

1. Anthropological Psychopathology

Derived from Freud's psychoanalytic practice, Binswanger, L.'s existential analysis gave rise to a stream of psychopathology other than descriptive psychopathology. This is anthropological psychopathology. The focus was on schizophrenic patients who were oligosymptomatic and introspective, with no overt symptoms. The disturbance of intersubjectivity was treated as the central problem in the psychopathology of schizophrenia, including Binswanger's "disturbance of natural experience," Blankenburg, W.'s "loss of natural self-evidentness," Minkowski, E.'s "loss of living contact with reality," Kimura's "aida," and so on. These theories have attracted much interest from philosophical fields other than psychiatry, but it is difficult to answer the question of how much they have contributed to clinical psychiatry. Although they may have led to a better understanding of patients, they did not lead to the development of how to apply them to practical treatment. Although each concept was proposed as the essence of schizophrenia, they were not applicable to all cases of schizophrenia. They mainly cover oligosymptomatic (introspective) cases, for which clinical diagnosis of schizophrenia is difficult, and in recent years, continuity of the autism spectrum disposition has been pointed out.

2. The American School of Psychoanalysis 13)

Meyer, A., a Swiss psychiatrist, was active from the 1910s to 1930s and can be regarded as the founder of American psychiatry. Meyer (1910) was instrumental in introducing Kraepelin's work, but he himself rather distanced American psychiatry from Kraepelin's narrow descriptive concept of schizophrenia. Meyer viewed mental disorders as maladaptive reactions exhibited by individuals based on their unique life histories as a synthesis of biological, psychological, and social

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factors. In attempting to view schizophrenia in this context, he placed no diagnostic emphasis on specific symptoms or progressive decline.

Sullivan, H.S. (1931), like Bleuler and Meyer, believed that schizophrenic patients did not necessarily develop blunting. His interest was in the psychopathology of interpersonal relationships, and he developed a unique theory of treatment based on psychoanalytic principles that also addresses schizophrenia from this aspect. Sullivan's theories had a marked influence on many American psychiatrists of the time, and the concept of schizophrenia was further expanded. The psychoanalytic school generally considered schizophrenia to be a manifestation of a "weak ego" (the ego here means that in psychoanalysis, which is different from that in descriptive psychopathology), and the diagnosis was used in a very wide range of clinical situations. Zilboorg, G. (1941)'s ambulatory schizophrenia is similar to Bleuler's latent schizophrenia. Hoch, P.H. and Polatin, P. (1949) reported a case of pseudoneurotic schizophrenia that was neurotic but should be considered schizophrenia. These intermediate conditions between neurosis and psychosis formed the basis of the classic borderline case concept (as is well-known, the borderline case was later considered a personality disorder). Thus, in the first half of the 20th century, the concept of schizophrenia in the U.S. continued to expand, and at the same time, it became increasingly difficult to define. The reaction to this trend was to give rise to the later evidence-based psychiatry.

III. Movement to Pursue Causal Connections

Two conditions must be met in order to pursue causal connections. The first is, of course, the advancement of science and technology to facilitate investigation of the physical basis. However, the most indispensable condition is an accurate identification of the subject, that is, the refinement of the diagnostics of schizophrenia, which is the role of psychopathology.

1. Refinement of Diagnostics - Schneider's work 15) -

The Heidelberg School made a major contribution here, especially the work of Schneider. Schneider did not doubt that endogenous psychosis had a physical basis. He noted that the symptoms of endogenous psychosis are often unconnected with experience, which he described as "psychosis severing the meaningful continuity of psychic life development." He also described schizophrenia as "the remainder of endogenous psychosis minus the more or less typical cyclothymia (note: manic-

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depressive illness)". Schizophrenia cannot be positively defined, and his use of the word "call" rather than "is" reflects his assertion that it is a typological concept (an ideal type) rather than a disease entity. This view is important because it suggests that there is no single uniform physical entity that underlies schizophrenia, and that it is impossible to determine the essential nature of schizophrenia as pursued by anthropological psychopathology. This is a cautious way of saying that the best they can do is to discuss the rules of clinical diagnostics (differentiation). Schneider accepts the dichotomy of endogenous psychosis since Kraepelin and identifies primary symptoms of schizophrenia that help differentiate between the two. A set of first-rank symptoms has become a differential marker for cyclothymic and non-psychotic mental disorders. Although they were later incorporated into ICD and DSM, it is questionable whether their significance has been appropriately carried over. Although many of the first-rank symptoms can be regarded as disturbance of ego, he himself did not assert that "the essence of schizophrenia is disturbance of ego," which may be due to the above-mentioned caution.

2. DSM-III and the Rise of Evidence-based Psychiatry

Although the psychoanalytic school flourished in the U.S., the evaluation of symptoms and syndromes in descriptive psychopathology was neglected, and diagnostics became inaccurate. On the other hand, there were several marked advances in scientific testing techniques, including advances in brain imaging and genetic research beginning in the 1970s, and advances in computer technology that facilitated complex statistical studies. The groundwork was gradually being laid for a shift in American psychiatry from psychoanalysis to evidence-based (or medical model) psychiatry. Accurate diagnosis (identifying the subject to be investigated) is essential to the search for the cause of a disease, which is the primary goal. The need for internationally shared diagnostic criteria can be seen as a natural consequence. However, there were circumstances that were also negative. American psychiatry itself was losing credibility due to the outbreak of the anti-psychiatry movement, and there was an urgent need to establish a more objective diagnosis and taxonomy 12).

DSM-III 2) of 1980 set the direction of modern psychiatry. It clarified diagnostic criteria by adopting the methodology of operational diagnosis. It drew a clear line between the indistinct boundaries between categories that could be said to be the essence of an

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ideal type. Its greatest achievement is that it has markedly promoted the natural scientific aspect and medical modeling of psychiatry. The establishment of common diagnostic criteria has enabled international research and epidemiological studies, and has promoted the development of new drugs. In the U.S., the criteria became widely and deeply accepted in society, and were even used in psychiatric education and insurance reimbursement decisions. The establishment of clear diagnostic criteria (operational diagnosis) provided the conditions necessary to investigate the cause of schizophrenia, and the realization of empirical research from the perspective of brain science (biological psychiatry) raised expectations that the cause of schizophrenia would finally be clarified at the level of brain science.

3. From Expectation to Disappointment

The developments that resulted from the publication of DSM-III were not all positive. A trend has emerged toward not accepting research or scholarly articles that do not conform to DSM, and the concept of meaningful connections has been dismissed as unprovable and undermining diagnostic credibility. The advent of objective diagnostic criteria and advancement of scientific and computer technology were highly anticipated developments in psychiatry. In fact, a great deal of time and money has been spent on numerous studies and surveys. The evaluation of psychiatry since DSM-III has been troubling. Some say that although much progress has been made, it has been disappointing 4). The primary mission of psychiatry, to determine the causes of schizophrenia, has yet to be accomplished. Expectations gradually turn to disappointment. The validity of the categories themselves, which had been the premise of evidence-based psychiatry (and which had been left unquestioned), came to be questioned, and criticism of DSM classification intensified. There were calls for a change in the framework of diagnostics itself, from categories to a dimensional approach 1). The inability to classify patients who did not meet the diagnostic criteria also promoted the concept of a spectrum diagnosis.

4. Modern Schizophrenia (DSM-5)

DSM-5 was published in 2013. Let's look at DSM-5 3) as describing modern schizophrenia.

Schizophrenia is included in the chapter "schizophrenia spectrum and other psychotic disorders," which emphasizes a broad spectrum rather than schizophrenia itself. The spectrum is characterized by abnormalities in five domains: delusions, hallucinations,

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disorganized thinking (speech), severely disorganized or abnormal motor behavior (including catatonia), and negative symptoms. The spectrum includes schizotypal (personality), delusional, brief psychotic, schizophrenia-like, schizophrenia, schizoaffective, and substance and drug-induced psychotic disorders, in that order. From a conventional taxonomic perspective, the equal arrangement of innate, psychogenic, endogenous, and addictive mental disorders emphasizes the cohesiveness of a symptom spectrum that is not based on etiology. The placement of each mental disorder is also characteristic of DSM-5. Schizophrenia, which was previously placed after organic, symptomatic, and addictive mental disorders, is now placed next to neurodevelopmental disorders. The idea may be to position schizophrenia itself closer to neurodevelopmental disorders.

Conclusion: Three Answers to the Question: "What is Schizophrenia?

The question: "What is schizophrenia?" still cannot be answered clearly on a material level. Schizophrenia is not a real entity, but rather an ideal type that remains in our thinking. Two directions emerge from a review of the history of schizophrenia research. One is the pursuit of causal connections in schizophrenia, and the other is understanding based on meaningful connections. The pursuit of causal connections considers schizophrenia as a real disease entity and attempts to determine its physical basis. This is the path taken by Kraepelin, who aimed to establish schizophrenia as a disease entity, and Schneider, who devoted himself to the refinement of diagnostics, and evidence-based methodology that has emerged since DSM-III. Of course, scientific and technological advances are indispensable for the accomplishment of this mission. Beginning with microscopic cerebral pathology, the genealogy of biological psychiatry, including modern neuroscience and genetic research, has sought to answer the question: "What is schizophrenia?", at the level of somatic medicine. However, even with the most advanced science and technology, the answer remains elusive.

Understanding based on meaningful connections has not attempted to reduce schizophrenia to a physical level, but rather to clarify the nature of schizophrenia at a metaphysical level. Starting with Bleuler, anthropological psychopathology and the American psychoanalytic school are in this vein. Because the symptoms of schizophrenia are in many respects empathically unintelligible, this direction required a theory that would markedly expand the scope of understanding based on

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meaningful connections. Although this research has achieved some success in the philosophical realm, there is a question mark over how much it has contributed to the clinical treatment of schizophrenia. From the viewpoint of evidenced-based psychiatry, which seeks causal connections, it is difficult to even enter the same arena.

A third movement, which was not discussed in this paper, must be added to the list. It is an essential criticism due to the fact that schizophrenia is an ideal type. Although the anti-psychiatry movement and Insel, T.'s declaration of withdrawal from DSM 7) (advocating the Research Domain Criteria 8) sound like they are on different levels, they are aligned in their denial of the existence of schizophrenia. The great disappointment on the part of biological psychiatry, in particular, has cast a shadow over the future of the schizophrenia concept.

While psychiatry uses the social scientific methodology of an ideal type in the phase of understanding the subject, it tries to make full use of the natural scientific methodology for pursuit from the perspective of somatic medicine. The question: "What is schizophrenia?", reveals the dilemma of modern psychiatry.

There are no conflicts of interest to disclose in connection with this paper.

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