Prince and Tcheng-Laroche suggest that it would be feasible to include the culture-bound syndromes in the next versions of DSM and ICD. I agree with their assessment of both the feasibility and the timeliness of this enterprise. In a book published last year, *The Culture-Bound Syndromes*, Charles Hughes and I attempted to make a start in this direction: we listed all the syndromes known to us, proposed a preliminary sorting of a few of them, and used current DSM criteria to assign DSM diagnoses to a sample of the individuals described in reprinted case reports (Simons and Hughes 1985). Since I am in agreement with the thrust of Prince and Tcheng-Laroche's paper, what follows will merely be a few comments on certain of the points that they raise.

DEFINING THE TERM "CULTURE-BOUND SYNDROME"

Though logically the term “culture-bound syndrome” could reasonably be applied to any illness, I agree that this would not be useful. Prince and Tcheng-Laroche suggest that the term be used to refer to all syndromes, including perhaps some physical illnesses, which are restricted to a limited number of cultures “primarily by virtue of their psychosocial features.” However the term “folk illness,” already in common use, adequately designates the same set. I have suggested that it would be most useful to continue to use “culture-bound syndrome” in Yap’s sense (1967) to designate only psychiatric conditions, those folk illnesses characterized by specific alterations of experience and behavior (like tearing ones clothing off and running out onto the ice or embarking on a campaign of indiscriminate slaughter) (Simons and Hughes op. cit.). “Folk illness,” which includes all indigenously defined illness entities would then be retained as the general term, including the culture-bound syndromes but not limited to them.
SORTING THE SYNDROMES INTO DESCRIPTIVELY SIMILAR GROUPS

Prince and Tcheng-Laroche suggest sorting the syndromes into groups, for example “somatization disorders.” Hughes’ glossary to The Culture-Bound Syndromes lists 182 syndrome names, some designating strikingly similar symptom sets. I agree that before incorporating these names into any modern diagnostic system it is necessary to group the syndromes which are significantly similar. Latah, mali-mali, bah-tsche and imu are local names for a single phenomenon, as are Koro and shook yong, and old hag and uqumairineq. These similarities across diverse cultural settings are themselves interesting since they suggest looking for causal factors which occur in all of them. In The Culture Bound Syndromes I suggest that these groups of syndromes be given taxonomic status in any new classification and suggest names for some of them, e.g. “Startle Matching Syndromes” for latah, mali-mali, bah-tsche, and imu, “Genital Retraction Syndromes” for shook yong and Koro, and “Sleep Paralysis Syndromes” for old hag and uqumairineq.

As Prince and Tcheng-Laroche imply, it would be more useful to insert the culture-bound syndromes among the extant categories of ICD-10 than to add a separate category of syndromes which are culture-bound. The Sleep Paralysis Syndromes, for example, would fit well among other sleep disorders.

ETIOLOGY

Prince and Tcheng-Laroche deprecate the use of etiologic considerations in classification. However they use the concept of etiology in three quite distinct ways. One is in reference to local etiologic explanations when they are the sole basis for grouping disparate signs and symptoms into an illness. There is a group of indigenously named entities (susto is the prime example; mogo laya, lanti, and Iranian fright illness are others) in which there are neither consistent specific alterations of anyone's behavior and experience nor consistent somatic signs or symptoms. In these entities the local term is used as a label for a heterogenous assemblage of somatic and psychological disabilities united only by the indigenous belief that they all have a common etiology: an antecedent startle or fright (Good and Good 1982; Good and Kleinman 1985; Crandon 1983). In The Culture-Bound Syndromes I referred to such folk illnesses as “illnesses of attribution” (Simons and Hughes op. cit.). Good and Good (op. cit.), following...