

**Prolegomenon to the Clinical Prerequisite; Psychopharmacology and the Classification of
Mental Disorders
(Volume 1)**

Conceptual Development of Current Psychiatric Nosology

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Nosology: Review of Historical Development -- Second Epoch

The "second epoch" in the history of psychiatric "nosology" was triggered by the work of Jean-Pierre Falret (1864). His contention that "a natural form of psychiatric illness implies a well-defined predictable course" and/or "a well-defined predictable course presupposes the existence of a natural species of disease with a specific pattern of development," focused attention on the diagnostic importance of the "dynamic totality" of psychiatric disorders. Recognition that for the characterization of disease, information on symptoms at a particular point -- cross-section -- of time does not suffice, the syndrome-oriented approach was gradually replaced by a disease-oriented approach in the classification of mental illness.

Instrumental for the development of the second epoch in the classification of psychiatric disorders was the work of Kahlbaum (1874). By describing "catatonia" and distinguishing "between transitory mental states and the disease form itself," he set the stage for Kraepelin (1903-1904), who maintained that "the scientific conception of the disease demands knowledge not only of the present state, but also of the entire course of the disease." Since Kraepelin (1899) shifted emphasis from the "course of illness," the focal point for both Falret (1864) and Kahlbaum (1874), to the "outcome picture" (Pichot, 1983), it was his system of diagnostic classification which combined for the first time "a careful description of symptoms and syndromes with their course and outcome" (Lehmann, 1971).

Kraepelin's Classification

The most influential psychiatric nosology to-date is the diagnostic classification of Kraepelin (1899) presented in his textbook, *Psychiatrie ein Lehrbuch für Studierende und Aerzte*, first published under the title *Compendium der Psychiatrie* in 1883 (Hippius, Peters and Ploog, 1983).

Kraepelin's (1899) nosology evolved from a "syndromic" classification he described in the first (1883), second (1887) and third (1889) editions of his textbook. An important step in its development was the grouping of the three disorders, i.e., "dementia praecox" (a term adopted from Morel for Hecker's diagnostic concept of "hebephrenia"), "catatonia" (a diagnostic concept adopted from Kahlbaum) and "dementia paranoides," under the heading "psychic degeneration processes" (a concept adopted from Magnan), in the fourth (1893) edition.

The shift from a "syndromic" classification to a "clinical" (disease-oriented) classification took place in the fifth (1896) edition of *Psychiatrie*, by subsuming all "psychic disorders" under two "inferential" classes, i.e., "acquired" (including "metabolic diseases" and "involutional madness") and "constitutional" (including "periodic insanity" and "paranoia") (Pichot, 1983). It was fully accomplished in the sixth (1899) edition, in which the unifying diagnostic concept of "dementia praecox" for "hebephrenia," "catatonia" and "dementia paranoides" first appeared. In the same edition, as well as in the seventh edition (1903-1904), the "inferential" classes of "acquired" and "constitutional" "psychic disorders" were replaced by 15 disease categories of which, in terms of etiology, seven ("exhaustion psychoses," "involution psychoses," "paranoia," "psychogenic neuroses," "constitutional psychopathic states," "psychopathic personalities" and "defective mental development") were based on inferences or "guesses" about "possible underlying

causes and processes" whereas six ("infection psychoses," "intoxication psychoses," "thyrogenous psychoses," "dementia paralytica," "organic dementias" and "epileptic insanity") were attributed to organic (including toxic) etiologies (Table III). The remaining two diagnostic categories were "manic-depressive insanity" and "dementia praecox." By pooling patients primarily on the basis of the "course" and "outcome" of their illness into these two distinct disease categories, Kraepelin (1899, 1903-1904), in the sixth and seventh edition of his textbook, laid down the foundation for the "Kraepelinian dichotomy" of "endogenous psychoses" (a term adopted from Mobius).

It is rather paradoxical that the "Kraepelinian dichotomy" was abandoned by Kraepelin (1908-1915) himself in the eighth edition of his textbook. By separating "paranoid deterioration (paraphrenia)" from the "paranoid form of dementia praecox," and the "endogenous deteriorations," i.e., the "paranoid form of dementia praecox" and the "paraphrenias" from "manic-depressive insanity" (Pichot, 1983), he proposed a trichotomy, which is much closer to current trends in "nosology" than the "Kraepelinian dichotomy" which has served as the basis for most of the classifications of "endogenous psychoses" to date (Jablensky, 1981). The same applies to the integration of "melancholia," classified as a "specific disease," among the "involution psychoses" in the seventh (1903-1904) edition, with "manic-depressive insanity" in the eighth (1908-1915) edition.

Kraepelin (1903-1904) firmly believed in Kahlbaum's (1874) "nosological postulate," i.e., a close correspondence between etiology, brain pathology and symptom pattern (Jablensky, 1981). Accordingly, he maintained that "if we possessed a comprehensive knowledge of any of these three fields -- etiology, pathological anatomy, or symptomatology -- we would at once have a uniform and standard classification of mental disease." However, regardless of his belief, Kraepelin's (1898) classification -- from the time of his adoption of a "disease-oriented" approach -- remained firmly based on "clinical development" (Pichot, 1983).

Table III

No.	Disease Forms and Subforms	No.	Disease Forms and Subforms
I.	Infection Psychoses A. Fever Delirium B. Infection Deliria C. Post-infection Psychoses	VII.	Organic Dementias Gliosis of Cortex (Diffused Cerebral Sclerosis) Huntingdon's Chorea Multiple Sclerosis Cerebral Syphilis Tabetic Psychoses Arteriosclerotic Insanity Cerebral Tumor Brain Abscess Cerebral Apoplexy Cerebral Trauma Traumatic Delirium Traumatic Dementia
II.	Exhaustion Psychoses A. Collapse Delirium B. Acute Confusional Insanity (Amentia) C. Acquired Neurasthenia (Chronic Nervous Exhaustion)	VIII.	Involution Psychoses A. Melancholia B. Presenile Delusional Insanity C. Senile Dementia Severe Grade of Senile Dementia Presbyophrenia Senile Delirium Senile Delusional Insanity
III.	Intoxication Psychoses 1. Acute Intoxications 2. Chronic Intoxications A. Alcoholism Acute Alcoholic Intoxication Delirium Tremens Korsakow's Psychosis Acute Alcoholic Hallucinosi Alcoholic Hallucinatory Dementia Alcoholic Paranoia Alcoholic Paresis Alcoholic Pseudoparesis B. Morphinism Acute Morphine Intoxication Chronic Intoxication C. Cocainism Active Cocain Intoxication Chronic Cocain Intoxication Cocain Hallucinosi	IX.	Manic-depressive Insanity Manic States Hypomania Mania Delirious Mania Depressive States Simple Retardation Delusional Form Stuporous States Mixed States Irrascible Mania Depressive Excitement Unproductive Mania Manic Stupor Depression with Flight of Ideas Depressive State with Flight of Ideas and Emotional Elation
IV.	Thyrogenous Psychoses A. Myxoedematous Insanity B. Cretinism		
V.	Dementia Praecox Hebephrenic Form Catatonic Form Paranoid Form		
VI.	Dementia Paralytica Demented Form Expansive Form (megalomania) Agitated Form (galloping paresis) Depressed Form		

Table III (con't)

No.	Disease Forms and Subforms	No.	Disease Forms and Subforms
X.	Paranoia Querulent Insanity	D.	Compulsive Insanity Tormenting Ideas Onomatomania Arithmomania Grubelsucht Folie du Douce Erythrophobia Phobias Agoraphobia Mysophobia Delire du Toucher Crises Impulsions
XI.	Epileptic Insanity Befogged States Pre-epileptic Insanity Post-epileptic Insanity Psychic epilepsy Somnambulism Epileptic Stupor Anxious Deliria Conscious Delirium Dipsomania	E.	Impulsive Insanity Impulse to Tramp Pyromania Kleptomania Impulse to Kill
XII.	Psychogenic Neuroses A. Hysterical Insanity Befogged States Delirious States Hysterical Lethargy Somnambulism Silly Excitement B. Traumatic Neurosis (Traumatic Hysteria) C. Dread Neurosis	F.	Contrary Sexual Instincts
XIII.	Constitutional Psychopathic States (Insanity of Degeneracy) A. Nervousness B. Constitutional Despondency C. Constitutional Excitement	XIV.	Psychopathic Personalities A. Born Criminals Moral Insanity Delinquente Nato Moral Imbecility B. The Unstable C. The Morbnid Liar and Swindler D. The Pseudoquerulants
		XV.	Defective Mental Development A. Imbecility Stupid Form Lighter Grades Energetic Type B. Idiocy Severe Cases Light Cases

Kraepelin's (1903-1904) classification of psychiatric disorders based on the English adaptation of the seventh edition of his textbook by Diefendorf (1907).

Bleuler's Classification

Kraepelin's (1908-1915) nosology was adopted with few modifications by Bleuler in his *Lehrbuch der Psychiatrie*, first published in 1916. While Bleuler (1924) argued that it is "impossible to base a classification of morbid pictures exclusively on the course of the disease," he acknowledged that "through the services of Kraepelin" a "point of view was attained" in the "classification of mental disease" which "compared with the earlier one is entirely satisfactory" and "from which it is possible to gain new ground steadily." Other important contributing factors to Bleuler's (1924) decision to adopt Kraepelin's (1908-1915) nosology was his recognition that neither "organic" and "functional," nor "endogenous" and "exogenous" psychiatric disorders can be clearly separated from each other, because their "symptomatology intermingle"; and his own failure "to classify on the basis of causes, because the "same causes produce very different morbid pictures" and "conversely, the same morbid pictures might be produced by different causes."

In Bleuler's (1924) "nosology," psychiatric disorders were classified into 14 diagnostic categories (Table IV), of which 10, i.e., "insanity in brain diseases," "dementia paralytica," "toxic psychoses," "infectious psychoses," "thyrogenous psychoses," "schizophrenias," "epilepsy," "manic-depressive insanity," "psychopathies" and "oligophrenias," showed close correspondence with Kraepelin's (1903-1904) diagnostic categories (Table V). On the other hand, there were considerable, although not essential differences in the remaining diagnostic categories between the two classifications which were to the effect that one of the 15 diagnostic categories of Kraepelin (1903-1904), i.e., "exhaustion psychoses," was dropped, and two categories, i.e., "paranoia" and "psychogenic neuroses" were degraded by Bleuler (1924) from diagnostic categories to diagnostic groups and then integrated with the diagnostic category of "constitutional psychopathic states" or "insanity of degeneracy." A fourth diagnostic category of Kraepelin (1903-1904), i.e., "involution psychoses," was dissolved by Bleuler (1924) and two of its three diagnostic groups, i.e., "presenile delusional insanity" and "senile dementia" These were pooled together into the new diagnostic category of "senile and presenile insanity" or "senile psychoses." The remaining diagnostic group i.e., melancholia, was integrated with "constitutional psychopathic states," i.e., with the same diagnostic category as "paranoia" and "psychogenic neuroses." Finally, two of the 10 diagnostic groups from Kraepelin's (1903-1904) diagnostic category of "organic dementias," i.e., "cerebral syphilis" and "cerebral trauma," were elevated by Bleuler (1924) into the new diagnostic categories of "syphilitic psychoses" and "insanity in injuries to the brain," respectively. By elevating four diagnostic groups into three diagnostic categories, and pooling together these new categories with the diagnostic categories of "insanity in brain diseases" and "dementia paralytica," Bleuler (1924) created a cluster of "organic syndromes" or the class of "acquired psychoses with coarse brain disturbances." Furthermore, by degrading the diagnostic criteria of "paranoia" to a diagnostic group, and integrating the diagnostic category of "melancholia" with "manic-depressive insanity," Bleuler (1924) attained the "Kraepelinian dichotomy" of "endogenous psychoses."

An important aspect of Bleuler's (1916) work was the introduction of "understanding psychopathology," the discipline dealing with "meaningful connections" ("psychodynamics") in the study of psychiatric patients. In spite of this, Bleuler's (1916) classification did not differ in any essential feature from Kraepelin's (1908-1919) classification, which was based on the "dynamic totality" (Ban, 1987) of "clinical development" (Pichot, 1983). On the other hand, by employing "understanding psychopathology" and thereby a "psychopathological approach" instead of a purely "clinical one" (Pichot, 1983), Bleuler (1924) opened the path for the "third epoch" in the history of "nosological development."

Table IV

No.	Disorders Categories & Subcategories	No.	Disorders Categories & Subcategories
I-V.	Acquired Psychoses with Coarse Brain Disturbances. The Organic Syndromes I. Insanity in Injuries to the Brain II. Insanity in Brain Diseases III. Syphilitic Psychoses IV. Dementia Paralytica V. Senile and Presenile Insanity (Senile Psychoses) Presenile Insanity Arteriosclerotic Insanity Senile Dementia (Simple Dementia Senilis) Presbyophrenia	VIII.	Thyreogenic Psychoses Psychoses in Basedow's Disease Myxoedema (Cachexia Strumipriva) Endemic and Sporadic Cretinism
VI.	Toxic Psychoses 1. Acute Toxemias Pathological Drunkenness 2. Chronic Intoxication A. Chronic Alcoholic Poisoning Simple Drinking Mania Delirium Tremens Alcoholic Hallucinosis Alcoholic Psychoses with Organic Symptoms Alcoholic Korsakoff Psychosis Alcoholic Pseudoparesis Polioencephalitis Superior Alcoholic Leukoencephalitis of the Corpus Callosum Chronic Delusions of Jealousy in Alcoholics and Alcoholic Parents Dipsomania Alcoholic Epilepsy Alcoholic Melancholia B. Morphinism C. Cocainism	IX.	Schizophrenias Paranoid Catatonia Hebephrenia Schizophrenia Simplex
VII.	Infectious Psychoses A. Fever Deliria B. Infectious Deliria C. Acute Confusion, Amentia D. Infectious States of Weakness	X.	Epilepsy
		XI.	Manic-depressive Insanity
		XII.	Psychopathic Forms of Reaction (Situation Psychoses)
		1.	Paranoia
		2.	The Delusion of Persecution of the Hard of Hearing
		3.	Litigious Insanity
		4.	Induced Insanity (Folie a Deux)
		5.	Reactive Mental Distur- bance of Prisoners
		6.	Punitive Reactions
		7.	Reactive Depressions and Exaltations
		8.	Reactive Impulses (Impulsive Insanity of Kraepelin)
		9.	Reactive Changes of Character
		10.	Neurotic Syndromes
		A.	Hysterical Syndrome
		B.	Neurasthenic Syndrome Neurasthenia Pseudoneurasthenia
		C.	Expectation Neurosis
		D.	Compulsion Neurosis
		E.	Accident Neurosis

Table IV (con't)

No.	<u>Disorders</u> Categories & Subcategories	No.	<u>Disorders</u> Categories & Subcategories
XIII.	Psychopathies A. Nervosity B. Aberrations of the Sexual Impulse C. Abnormal Irritability D. Instability E. Special Impulses F. The Eccentric G. Pseudologia Phantastica H. Constitutional Ethical Aberrations I. The Contentious (Pseudo- Litigious)	XIV.	Oligophrenia

Bleuler's (1916) classification of psychiatric disorders based on the authorized English edition by Brill (1924).

Table V

<u>Kraepelin</u>		<u>Bleuler</u>	
No.	Diagnosis	No.	Diagnosis
I.	Infection Psychoses	VII.	Infectious Psychoses
II.	Exhaustion Psychoses	VI.	Toxic Psychoses
III.	Intoxication Psychoses	VIII.	Thyrogenic Psychoses
IV.	Thyrogenous Psychoses	IX.	Schizophrenias
V.	Dementia Praecox	IV.	Dementia Paralytica
VI.	Dementia Paralytica	II.	Insanity in Brain Diseases
VII.	Organic Dementias		
	Gliosis of Cortex		
	Huntingdon's Chorea		
	Multiple Sclerosis		
	Brain Abscess		
	Cerebral Apoplexy		
	Tabetic Psychoses		
	Cerebral Syphilis	III.	Syphilitic Psychoses
	Cerebral Trauma	I.	Insanity in Injuries to the Brain
	Arteriosclerotic Insanity. .		
VIII.	Involution Psychoses	IV.	Senile and Presenile Insanity
	Presenile Dementia		
	Senile Dementia.		
	Melancholia.		
IX.	Manic-depressive Insanity	XI.	Manic-depressive Insanity
XI.	Epileptic Insanity	X.	Epilepsy
X.	Paranoia		
XII.	Psychogenic Neuroses	XII.	Psychopathic Form of Reactions
XIII.	Constitutional Psychopathic States		
XIV.	Psychopathic Personalities	XIII.	Psychopathies
XV.	Defective Mental Development	XIV.	Oligophrenia

Corresponding diagnostic categories in the classifications of Kraepelin (1903-1904) and Bleuler (1916). The Roman numerals indicate the order of presentation of each diagnostic category in the two respective classifications. The arrows indicate the diagnostic category to which one or another diagnostic category (or group) from Kraepelin's (1903-1904) classification is assigned in Bleuler's (1916) classification.

