

**HISTORY OF PSYCHIATRY**  
**&**  
**GENERAL PSYCHOPATHOLOGY**  
**Seminars for Residents in Psychiatry**  
**1994**

**Part One: History of Psychiatry**

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**International Network for the History of Neuropsychopharmacology**

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## CONTENTS

### Part One

#### HISTORY OF PSYCHIATRY

First Seminar	Roots of Psychiatry	4
Second Seminar	Early Developmant	17
Third Seminar	Modern Psychiatry	34
Fourth Seminar	American Psychiatry	55

### Part Two

#### GENERAL PSYCHOPATHOLOGY

First Seminar	Definition: Scope ad Boundaries	70
Second Seminar	Basic concepts: The Psychic Reflex	82
Third Seminar	Disorders of Psychosensory Path	92
Fourth Seminar	Disorders of Thinking	106
Fifth Seminar	Disorders of Intrapsychic Path	118
Sixth Seminar	Disorders of Psychomotor Path	135
Seventh Seminar	Consciousness: Disorders of Screening and Attention	149
Eighth Seminar	Consciousness: Disorders of Integration and Memory	162

**Part One**

**HISTORY OF PSYCHIATRY**

**For Residents in Psychiatry**

**Four Seminars**

**1994**

**January 6 – January 27**

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CONTENTS

First Seminar	-	ROOTS OF PSYCHIATRY
Second Seminar	-	EARLY DEVELOPMENT
Third Seminar	-	MODERN PSYCHIATRY
Fourth Seminar	-	AMERICAN PSYCHIATRY

## READINGS

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& Sadock, BJ      Synopsis of Psychiatry. Williams and Wilkins, Baltimore 1988.
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**ROOTS OF PSYCHIATRY**

**First Seminar**

GREEK-ROMAN SCHOOL OF MEDICINE

1. Coan School vs. Cnidian School

	<u>COAN</u>	<u>CNIDIAN</u>
Head	HIPPOCRATES	EURYPHON
Work	CORPUS HIPPOCRATICUM	CNIDIAN SENTENCES
Focus	PATIENT	DISEASE
Contribution	BEDSIDE METHOD	ACADEMIC MEDICINE

**COAN SCHOOL** It was centered on the patient and his individual reaction to the disease. Disease was not perceived as an entity, but a fluctuating condition of the patient's body, a battle between the materies morbi and the natural self-healing (physis) of the body. Treatment was centered on assisting the patient through his particular physis (nature) to react in his own particular individual way against the disease which was regarded as an imbalance of the four humors, i.e., blood, flegm, yellow bile and black bile.

**CNIDIAN SCHOOL** It was centered on the disease rather than the patient. Aimed at exact diagnosis of the condition the patient was afflicted with and classification of diseases. It also aimed at specific therapy.

**HIPPOCRATES**  
(450-355 BC)

Corpus Hippocraticum: 42 Clinical Cases  
Description of Morbus Sacer  
(Epilepsy)

Classification of Mental Disorders

Phrenitis	(Febrile delirium)
Mania	(Acute non-febrile insanity)
Melancholia	(Mental depression)

## GREEK-ROMAN SCHOOL OF MEDICINE

### 2. Aurelius Cornelius Celsus

A private gentleman (not a physician) during the reign of Tiberius Caesar (14-37 AD)

DE RE MEDICINA

8 Books  
3rd Book

Insanity (Insania)  
Delirium  
Dementia (Demens)

"By recognizing that not all cases of (transient) delirium were followed by insanity, but only those in which (continuous) dementia begins, Celsus set the stage for the development which culminated in the separation of chronic organic (neuropsychiatric) disorders from acute organic (psychotic) states."

Richard COSIN

1592

Conspiracie for Presented  
Reformation

Describes dementia as ". . . a passion of the minde, bereaving it of the light of understanding. . . or when a man's percieance and understanding of all things is taken away . . ."

Thomas WILLIS

1684

Practice of Physicks

Separates the "stupidity being born with", i.e., mental retardation from dementia.

Arnulfe D'AUMONT

1751-72

Diderot's Encyclopedia

Dementia can result from:

- damage to the brain
- failure of the spirit
- small volume of the brain
- violent blow to the head
- incurable disease (such as epilepsy)
- exposure to (various) substances



## GREEK-ROMAN SCHOOL OF MEDICINE

### 3. Galen (130-200 AD)

Proliferic writer (representative of Cnidian tradition) who wrote on anatomy (9 books), physiology (17 books), pathology (6 books), therapeutics (14 books), practice (1 book), pharmacy (30 books) and temperaments (3 books).

Recognized that "symptoms follow the disease as shadow follows the substance" and that "signs show what the disease is or how it will end."

Also recognized that animal faculties comprise sensation, cerebation via imagination (forebrain), cogitation (midbrain) and memory (hindbrain) and voluntary motion.

Combines Hippocrates' theory of humors, Pythagoras' theory of numbers with his own belief of a spirit or pneuma that penetrates all the parts of the living.

FROM WITCHCRAFT TO DISEASE

Henry KRAMER & James SPRENGER (Germany)	1486	(WITCHES HAMMER)	Insanity is caused by <u>witchcraft</u>
<u>PARACELSUS</u> (Austria)	1520	(DISEASES WHICH LEAD TO A LOSS OF REASON)	Insanity is <u>disease</u> and it is not caused by demons
Johann WEYER (Holland)	1563	(THE DECEPTION OF WITCHCRAFT)	Insanity is <u>not</u> caused by <u>witchcraft</u>
Timothy BRIGHT (England)	1586	A TREATISE OF MELANCHOLIA	Melancholia may result from <u>humoral imbalance</u> or <u>psychologic factors</u>
Robert BURTON (England)	1621	THE ANATOMY OF MELANCHOLY	Most famous 17th century book on melancholia
William BATTIE (England)	1758	A TREATISE OF MADNESS	Used the term "madness" for first time

## THE BIRTH OF THE TERM PSYCHIATRY

### 1. From Descartes to Stahl

Rene DESCARTES (France)	1642	Meditationes (Postulates the absolute duality of body and mind, arguing that the two are irreducibly heterogenous and that one does not interact with the other)
Arthur Koestler (Hungarian)	1967	The Ghost in the Machine "Cartesian catastrophe"
George Ernest STAHL (Germany)	1707 1708	Theoria Medica Vera <u>De Animi Morbis</u> (Animism: The soul -- anima -- maintains the functioning of body in health. If the anima is inhibited to exert its function insanity sets in.)

## THE BIRTH OF THE TERM PSYCHIATRY

### 2. From Reil through Heinroth to Ideler

Johann Christian REIL (Germany)	1803	Rhapsodien über die Anwendung des psychischen Curmethode aus Geisteszerrutungen. A mentalist or Psychiker Founder of First Psychiatric Journal (Introduced the term "Psychiaterie" for the discipline which deals with mental disorders to ascertain that it is understood that it deals with disorders of the soul or anima or psyche, perceived as the corporalized spirit)
Johann Christian HEINROTH (Germany)	1818	Lehrbuch der Störungen des Seelenlebens (Adopted the term Psychiaterie and replaced it with the term Psychiatrie. For Heinroth mental disease is by nature a loss of liberty and the result of sin and misdeeds)
George Chyne (England)	1733	The English Malady (Depression or the English malady is caused by gluttony)
Simon Andre Tissot	1758	Onanism (Emphasizes the pathological effects of excessive masturbation)
Wilhelm IDELER	1860	Chief at Charite in Berlin (Attributed mental disease to "hypertrophy of passions whose unbridled release could be controlled only by the brutal application of ethical rules")

SETTING THE STAGE FOR MEDICAL DEVELOPMENT

1. The Founding of Two Hospitals

Louis XIV	1656	<u>Grand Incarceration</u> (Police measure to round up men and women with persistent behavioral problem who create social disturbance)
		<u>Salpetriere</u> for women <u>Bicetre</u> for men
	18th Century	<u>Separation of lunatics</u> from others

## SETTING THE STAGE FOR MEDICAL DEVELOPMENT

### 2. From Linne to Cullen

Carl LINNE (Swedish)	1736 1753	Fundamentorum Botanicorum Species Plantarum (Classification of plants on the basis of their sex organs)
Francois Boisser de SAUVAGES de la Croix (French)	1768	Nosologia Methodica Classified diseases (including mental disorders) as if they were specimens of nature, dividing them in 295 genera consisting of 2600 species.  Asserted that naturally occurring categories of disease can be identified in a manner which would allow the attribution of each patient to one and only one class by grouping the symptoms at a particular point or cross-section in time (syndromic classification).
William CULLEN (Scottish)	1772	Synopsis Nosologiae Methodicae First syndromic classification which was based exclusively on cross-section.  Classified illness as "fever", "cachexias", "local diseases" and "neuroses", using the term <u>neurosis</u> for the first time in the literature.  Believed that "life is a function of nervous energy, muscle a continuation of nerve, and disease mainly nervous disorder"; and contended that " <u>all diseases with their seat in the nervous system are associated with and/or result in mental derangement.</u> "

## EARLY FRENCH SCHOOL

### 1. Philippe Pinel

Studied in Montpellier at the University where Boissier de Sauvages taught  
Translated books written by William Cullen

Appointed as Chief Physician at Salpetriere 1793  
Bicetre 1795

Published Nosographie Philosophique 1798  
Traite Medico - Philosophique 1801  
sur l'Alienation Mentale  
ou Mania

Contributions: Humanization of treatment of insane  
(moral therapy)  
Vincenzo Chiarugi (1789) Human treatment  
Samuel Tuke (1813) Humanization of  
asylums  
John Connelly (1856) No restraint  
Classification of mental derangement  
(It was an empirical classification based  
on "observable facts, without mixing  
metaphysical discussions or certain  
disquisitions of the ideologist with a  
science." It was a phenetic  
classification based on "meticulous  
description of its objects.")

## EARLY FRENCH SCHOOL

### 2. Pinel's Classification

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<u>Species</u>	<u>Mental Derangements</u>	<u>Characteristic Features</u>
First	Melancholia or delirium upon one subject exclusively	"the powers of perception and imagination are frequently disturbed without any excitement of the passions"
Second	Mania without delirium	"the functions of the understanding are often perfectly sound, while the man is driven by his passions to acts of turbulence and outrage"
Third	Mania with delirium	"periodical delirium united with extravagance and fury"
Fourth	Dementia or the abolition of the thinking faculty	"dementia or mental disorganization, where the ideas and internal emotions appear to have no connection with the impressions of sense, and to succeed each other without order, and to vanish without leaving any traces of their existence"
Fifth	Idiotism or obliteration of the intellectual faculties	"total obliteration of the thinking faculties or a privation more or less absolute of all ideas and emotions"

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Pinel's (1801) five "species" of "mental derangements" and their characteristic features.



## EARLY FRENCH SCHOOL

### 3. Antoine Laurent Jesse Bayle

Influenced by Giovanni Battista MORGAGNI'S (1761) work on THE STATE AND CAUSE OF DISEASE INVESTIGATED BY ANATOMY which was the first attempt to correlate postmortem findings with clinical manifestations.

BAYLE	1822	Recherche sur L'Arachnitis Chronique
	1825	Nouvelle Doctrine des Maladies Mentales
	1826	Traite des Maladies du Cerveau et de ses Membranes

". . . the symptoms of chronic arachnitis can all be reduced to a general and incomplete paralysis and to the derangement of the intellectual faculties. These two orders of phenomena proceed at an equal and proportional pace and allow the disease to be divided into three periods, i.e., delire monomaniague, with exaltation in the first (Pinel's first species), delire maniaque, accompanied by dominant ideas in the second, (Pinel's second and third species), and etat de demence, in the third. . ."  
(Pinel's forth species)

Confirmed by Louis-Florentin CALMEIL (1826) in his work on DE LA PARALYSE CONSIDEREE CHEZ LES ALIENES.

## EARLY FRENCH SCHOOL

### 4. Dominique Esquirol

Best pupil of Philippe Pinel

Considered to be the founder of the French school of psychiatry

Esquirol's was a "psychiatry without psychology" (Zilboorg)

Published Des Maladies Mentales Considerrees sous 1838  
les Rapports Medical, Hygienique  
et Medico - legal

Responsible for Mental Health Act (in France) 1838  
Created "asiles d'aliene"

et  
"alienistes des asiles"

Police incarceration

replaced by (Michel Fuocoult: Histoire  
Medical Internment de la Folie a l'Age  
Classique, 1961)

Contribution: Classification of general forms of insanity  
(It was an empirical classification based on  
the "results of 40 years of study and  
observations of the symptoms of insanity and  
the manners, habits and wants of the insane."  
It was a phenetic classification "confined to  
facts which were arranged according to their  
relations and stated as they have been  
observed.")

EARLY FRENCH SCHOOL

5. Esquirol's Classification

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<u>General Forms</u>	<u>Insanity</u>	<u>Characteristic Features</u>
First	Lypemania or Melancholy of the Ancient	"delirium with respect to one, or a small number of objects, with predominance of a sorrowful and depressing passion"
Second	Monomania	"delirium is limited to one or a small number of objects, with excitement, and predominance of a gay, and expansive passion"
Third	Mania	"delirium extends to all kinds of objects, and is accompanied by excitement"
Fourth	Dementia	"the insensate utter folly, because the organs of thought have lost their energy, and the strength requisite to fulfill their functions"
Fifth	Imbecility or Idiocy	"the conformation of the organs has never been such, that those who are thus afflicted could only reason justly"

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Esquirol's (1838) five "general forms" of "insanity" and their characteristic features.

**EARLY DEVELOPMENT**

**Second Seminar**

## DISSOLUTION OF SPECULATIONS

### 1. Feuchtersleben and Griesinger

". . . all diseases with their seat in the nervous system are associated with and/or result in, mental derangement" (Cullen 1769).

- |                      |      |   |
|----------------------|------|---|
| Ernst FEUCHTERSLEBEN | 1845 | Lehrbuch der Ärztlichen Seelenkunde<br>(Introduced the Concept of<br>Psychosis)                             |
| Wilhelm GRIESINGER   | 1845 | Die Pathologie und Therapie der<br>Psychischen Krankheiten<br>(Adopted the Concept of Unitary<br>Psychosis) |

## DISSOLUTION OF SPECULATIONS

### 2. Introduction of the Term Psychosis

FEUCHTERSLEBEN  
(Austria)

- a. Recognition that not "every defect of the nervous system is necessarily accompanied by a mental disorder" although "every mental disorder implies the existence of the disease of the nervous system" (Pichot) led Feuchtersleben to the introduction of the concept of psychosis (a term which like the term "psychiatry" is in keeping with the "mentalist" tradition).
- b. ". . . every psychosis is at the same time a neurosis, because without the nerves as intermediaries, no psychologic change can be exhibited, but not every neurosis, i.e., disorder of the nerves, is a psychosis . . ."
- c. ". . . it was the introduction of the concept of psychosis which, by separating neurologic disorders from psychiatric disorders, provided the necessary frame of reference, for the development of the discipline referred to as psychiatry today . . ."

## DISSOLUTION OF SPECULATIONS

### 3. Unitary Psychosis

GRIESINGER  
(Germany)

- a. Recognition that morphologic changes are not detectable in all "psychoses" led Griesinger to postulate that different mental syndromes represent different developmental stages of one and the same disease process; and to adopt the notion that in the mental syndromes in which neuropathologic changes are absent, they will become detectable at a later stage of disease development.
- b. Prior to Griesinger, a similar concept of "unitary psychosis" was presented by J. Guislain in 1833 in his *Traite des Phrenopathies* (also by Zeller in 1836).
- c. The origin of the "unitary concept of psychosis was in the work of Bayle (1822-1826) who was the first to report that in chronic arachnoiditis, the dementia syndrome was preceded by other syndromes in the early stages of disease development."
- d. Considering that the syndromes described by Bayle (1822) corresponded with the second and third syndromes in Esquirol's (1838) classification, and the dementia syndrome corresponded with the fourth syndrome, i.e., with the syndrome associated with structural changes in the brain, Griesinger felt justified in adopting Bayle's findings derived from the analysis of a neuropsychiatric condition (disease) as a model of mental disease.

DISSOLUTION OF SPECULATIONS

4. Griesinger's Unitary Psychosis

Esquirol 1838		Griesinger 1845
<u>General Forms of Insanity</u>		<u>States</u>
1st	Lypemania or Melancholia of the Ancient	States of Mental Depression - Melancholia A. Hypochondriasis B. Melancholia C. Melancholia with Stupor D. Melancholia with Destructive Tendencies a. Melancholia with Suicidal Tendencies b. Melancholia with Destructive Murderous Tendencies E. Melancholia with Persistent Excitement of the Will
2nd	Monomania )	States of Mental Exaltation A. Mania B. Monomania
3rd	Mania )	
4th	Dementia )	States of Mental Weakness A. Chronic Mania B. Dementia C. Apathetic Dementia D. Idiocy and Cretinism a. Idiocy b. Endemic cretinism
5th	Imbecility )	
	or )	
	Idiocy )	

Esquirol's (1838) five "general forms of insanity" and the corresponding states of "mental depression," "mental exaltation" and "mental weakness" in Griesinger's (1845) frame of reference. The three states identified represent mental syndromes displayed in consecutive stages of the pathologic process.



## DICHOTOMY: PSYCHOSES VS. NEUROSES

### 1. Definition of Neurosis

- Original definition:** A term with an etiologic connotation (i.e., diseases with their seat in the nervous system) which originally embraced chorea, epilepsy, exophthalmic goiter and Parkinson's disease as well as hysteria and hypochondria; it was the domain of the general practitioner first and later on of the neurologists.
- Historical development:** Introduction of the term psychoneurosis (around 1900) led to the splitting of the condition subsumed under neurosis into a subgroup with an organic etiology and a subgroup with a psychologic etiology.
- Siegmund FREUD:**  
(1894) In 1894 in his article on defence neuropsychosis he pooled together "hysteria, compulsive states and certain cases of acute hallucinatory confusion" by assuming that the symptoms of these conditions "have arisen through the unconscious psychic mechanism of defence." In the same year in his article on heredity and the etiology of neurosis, in which the term psychoneurosis first appeared, he split Beard's concept of neurasthenia into two subgroups of conditions of which the etiology of one group, i.e., neurasthenia proper and anxiety neurosis, is in current sexual life, whereas the etiology of the other group, i.e., hysteria and obsessive neurosis, is in early sexual events.
- J.J. DEJERINE:**  
(1902) ". . . subsumed conditions with assumedly emotional origin, such as depression, hysterical syndromes, anxiety and obsessional states, under the general term of psychoneurosis. . ."
- Paul DUBOIS:** In his book *Les Psychonevroses et leur Traitement Moral*, Dubois defined psychonevroses as "diseases in which the psychical influence is predominant and for which psychotherapy is indicated."
- DSM-III (APA 1980):** ". . . mental disorder in which the predominant disturbance is a group of symptoms that is unacceptable and ego dystonic. In patients with neuroses, reality testing is grossly intact and behavior does not actively violate group social norms." Neurotic process is perceived as an etiologic process in which "unconscious conflicts cause unconscious perception of anticipated danger, leading to the use of defence mechanisms that result in symptoms and/or personality disturbance."
- DSM-III-R (APA 1987):** Term dismissed (not included any longer in the glossary of Technical Terms).

## DICHOTOMY: PSYCHOSES VS. NEUROSES

### 2. Definition of Psychosis

- Original definition:**           Synonymous with mental disorder, i.e., insanity, madness without etiologic connotation
- Historical development:**    After the conditions subsumed under neurosis were split with one subgroup of conditions remaining within the province of neurology, while the other subgroup of conditions becoming absorbed by psychiatry a new (more restricted) definition for psychosis had to be found.
- Current concept:**            Based on "intensity, absence of insight into the pathologic condition, loss of contact with reality, psychopathologic structure, or others, but never on etiology." (Pichot)
- ICD-9 (WHO):**                ". . . mental disorder in which impairment of mental function has developed to a degree that interferes grossly with insight, ability to meet some ordinary demands of life or to maintain adequate contact with reality."
- DSM-III (APA):**  
    **&**  
**DSM-III-R (APA)**            ". . . direct evidence of psychotic behavior is the presence of either delusions or hallucinations without insight into their pathologic nature. . . and. . . when a person's behavior is so grossly disorganized that a reasonable inference can be made that reality testing is markedly disturbed."
- ICD-10 (WHO):**               ". . . the term psychosis is retained, but is left deliberately without any attempt of definition. . ."

## DEVELOPMENT OF DIAGNOSTIC CONCEPTS

### 1. An Overview

". . . clinical research was restricted to collecting, recording, and faithfully portraying phenomena as they were encountered. . . the descriptive observations yielded individual psychoses (in which) each psychosis was unique and occurred only in the particular form displayed" (Birnbaum: Die Aufbau der Psychose, 1923)

From Bayle's	"etat demence"	1822 - 1826
From Morel's	"demence precoce"	1852 - 1860
	Etude Cliniques	1852
	Traite des Maladies Mentales	1860
From Laseque's	"delire de persecution"	1852
From Falret's	"folie circulaire"	1854
& Baillarger's	"folie a double formes"	1854
From Briquet's	"l'hysterie"	1860
From Magnan's	"bouffee delirante"	1893

## DEVELOPMENT OF DIAGNOSTIC CONCEPTS

### 2. From Bayle's Etat de Demence

BAYLE'S recognition in 1822 that chronic arachnoiditis leads to dementia triggered interest in the study of clinical neuropathologic correlations. It was in the course of this research that several dementing disease with distinctive neuropathologic changes were identified.

Huntington's Chorea	1872
Pick's Disease	1892
Binswanger's Disease	1894
Leukoairosis (Hachinski et.al.)	1987
Alzheimer's Disease	1907
Senile Dementia of Alzheimer Type	1964-1975
Jakob - Creutfeldt's Disease	1920
Multi-Infarct Dementia (Hachinski et. al.)	1974

Neuropsychiatric Disorders: Characterized by gradual dedifferentiation, i.e., the different clinical pictures displayed in the different neuropsychiatric disorder merge into one and essentially the same clinical picture. In this respect neuropsychiatric disorders are the opposite of sui generis psychiatric disorders which are characterized by gradual differentiation.

## DEVELOPMENT OF DIAGNOSTIC CONCEPTS

### 3. Separation of Dysmnesias from Dementias

Dysmnesias are characterized by severe memory impairment without global personality deterioration. The most important steps in the separation of dysmnesias from the dementias are:

Kahlbaum's description	Presbyophrenia (Paraphrenia Senilis)	1863
Korsakoff's description	Amnestic Syndrome	1887
Kral's description	Senescent Forgetfulness Benign vs. Malignant	1959

## DEVELOPMENT OF DIAGNOSTIC CONCEPTS

### 4. From Morel's Demence Precoce

Morel	1852	Described young mental patients with immobilization of the faculties resembling to that of "dementia"
	1857	Introduction of the concept of "degeneration" by postulating that pathogenic environmental conditions produce transmissible pathologic variations
	1860	Introduction of the term demence precoce
Kahlbaum	1863	Paraphrenia Hebetica
Hecker	1871	Hebephrenia
Kahlbaum	1874	Catatonia
Kraepelin	1893	Dementia Paranoides Psychic Degeneration Processes (PDP's) (Hebephrenia, Catatonia & Dementia Paranoides)
	1896	PDP's is a group of clinical conditions which is characterized by peculiar destruction of internal connections of the personality and a marked damage of emotional and volitional life
	1899	Dementia Praecox
Bleuler E	1911	Schizophrenia

## DEVELOPMENT OF DIAGNOSTIC CONCEPTS

### 5. Endogenous vs. Reactive

Morel                    1857                    Theory of degeneration

Moebius                1893                    Endogeny theory

#### ENDOGENOUS PSYCHOSIS

Psychoses which are due to inner causes and as such based on a constitutionally determined predisposition (Moebius) which is the result of innate genetic biologic defect.

Jaspers                1913                    Concept of "reaction"

Wimmer                1916                    Psychogenic Psychosis

#### REACTIVE PSYCHOSIS

Psychoses which are caused by psychologic factors in a manner that the mental trauma determines the moment for the start of the psychosis, the fluctuations of the disease and very often also its cessation.

#### ABSENCE OF DISTINCTIVE CLINICAL FEATURES between ENDOGENOUS AND REACTIVE PSYCHOSES

DEVELOPMENT OF DIAGNOSTIC CONCEPTS

6. From Laseque's Delire De Persecution

Laseque	1852		Delire de Persecution Partial insanity Personality intact
Kahlbaum	1863	Paranoia	
Kraepelin	1899	Paraphrenia (Emotion & Volition Intact) Presenile Delusional Insanity	
Roth	1955	Late Paraphrenia	
Magnan	1893		Chronic Delusional State of Systematic Evolution
Serioux & Capgras	1909	Non-Hallucinatory Interpretative Delusional Psychosis (Paranoia)	
Ballet	1911	Chronic Hallucinatory Psychosis (Paraphrenia)	
Dupre & Logre	1911	Chronic Imaginative Psychosis	
Clerambault	1920	Passionate Delusional Psychosis (Focused Non- Hallucinatory Interpretative Delusional Psychosis)	



DEVELOPMENT OF DIAGNOSTIC CONCEPTS

7. Other Contributions of Lasegue

Anorexia Hysterique	1873
William Gull:	
Anorexia Nervosa	1874
Compulsive Exhibitionism	1877
Folie a Deux	1877
Subacute Delirium Tremens	1877

## DEVELOPMENT OF DIAGNOSTIC CONCEPTS

### 8. From Falret's Folie Circulaire

J.P. Falret	1851 - 1854	La Folie Circulaire
J. Baillarger	1854	La Folie a Double Formes
E. Kraepelin	1893 - 1915	Manic-Depressive Insanity Episodic recurrence of manic, melancholic and mixed symptoms with full remission between episodes
K. Leonhard	1957 - 1986	Phasic Psychoses Unipolar Bipolar
Fieve & Dunner	1975	Bipolar I & Bipolar II
Dunner et. al.	1976	Bipolar I & Bipolar II

## DEVELOPMENT OF DIAGNOSTIC CONCEPTS

### 9. From Briquet's L'Hysterie

P. Briquet	1859	Traite Clinique et Therapeutiqu a l' Hysterie 430 cases Selective pathology SOMATIZATION DISORDERS
B.A. Morel	1860	Traite des Maladies Mentales Delire emotif Selective pathology ANXIETY DISORDERS
R. Benedict	1870	Über Platzschwindel Description of agoraphobia Selectie pathology PANIC DISORDER - Spont & circumscr. PHOBIC DISORDERS - Triggered & circumscr.
C. Westphal	1878	Über Zwangsvorstellungen Description of obsessional states Selective pathology OBSESSIVE-COMPULSIVE DISORDER

DEVELOPMENT OF DIAGNOSTIC CONCEPTS

10. From Magnan's Bouffee Delirante

- |               |      |   |
|---------------|------|---|
| V. Magnan     | 1893 | Leconc Cliniques<br>sur les<br>Maladies Mentales  |
|               |      | Description of transitory delusional<br>psychosis: sudden onset<br>multiform picture<br>clouded consciousness<br>primary delusions<br>full recovery                                 |
|               |      | Transient pathology   |
| K. Bonhoeffer | 1909 | Zur Frage der exogenen Psychosen  |
|               |      | Description of acute organic<br>psychosis: biologic "trauma"<br>sudden onset<br>delirious (typical cases)<br>full recovery  |
|               |      | Transient pathology   |
| A. Wimmer     | 1916 | Psykogene Sindssygdomsformer  |
|               |      | Description of psychogenic<br>psychosis: psychic "trauma" (life event)<br>sudden onset<br>emotional reactions/<br>disturbance of consciousness/<br>paranoid states<br>full recovery |
|               |      | Transient pathology   |

**MODERN PSYCHIATRY**

**Third Seminar**

## THE DISEASE CONCEPT

### 1. From Sydenham to Falret

Thomas SYDENHAM	1682	Obervationes Medicae  ". . . perceived illness as a process which progresses through a number of different developmental stages . . ."
A.L.J. Bayle	1825	Nouvelle Doctrine Maladies Mentales  First application of disease concept in psychiatry
D. Esquirol	1838	Des Maladies Mentales ". . . acknowledged that age at onset and course are valuable additions to cross-sectional definitions. . ."
Jean-Pierre FALRET	1864	Des Maladies Mentales Leconc Cliniques  ". . . a natural form of illness implies a well-defined predictable course" and "a well defined predictable course presupposes the existence of a natural species of disease with a specific pattern of development. . ." (Pichot)

## THE DISEASE CONCEPT

### 2. From Kahlbaum to Kraepelin

- Karl KAHLBAUM            1863            Die Gruppierung der Psychischen  
Krankheiten und die  
Enteilung der Seelen störungen
- ". . . for a (valid) diagnosis the whole  
    course of illness must be taken into  
    account. . ."
- ". . . postulated a close correspondence  
    between etiology, brain pathology, symptom  
    pattern and outcome picture . . ."
- Emil KRAEPELIN           1896            Psychiatrie Ein Lehrbuch für  
Studierende und Aerzte
- ". . . in the development of the present  
    work (textbook), the current (fifth)  
    edition represents the last decisive step  
    which goes from the symptomatic (syndromic)  
    conception to the clinical (disease)  
    conception of insanity."
- ". . . if we possessed a comprehensive  
    knowledge of either of the three fields of  
    etiology, pathologic anatomy or  
    symptomatology, we would at once have a  
    uniform and standard classification of  
    mental disease." (Pichot)

## THE DISEASE CONCEPT

### 3. Kraepelin's Textbook: 1883-1915

First edition	1883	Syndromic classification
Second edition	1887	Syndromic classification
Third edition	1889	Syndromic classification
Fourth edition	1893	Transition from symptomatic to clinical conception  Psychic degeneration processes, the concept which led to the concept of dementia praecox
Fifth Edition	1896	Clinical (disease oriented) classification  Acquired vs. constitutional disorder (inferential classification)
Sixth Edition	1899	Clinical (disease oriented) classification  Dichotomy: dementia praecox vs. manic-depressive insanity
Seventh Edition	1903-1904	Inferential classification dismissed  15 disease categories
Eighth Edition	1909-1915	Breaking of the dichotomy  Paraphrenia separated from the paranoid form of dementia praecox



CLASSIFICATION OF MENTAL DISORDERS

1. Kraepelin 1903 - 1904

No.	<u>Disease</u> Forms and Subforms	No.	<u>Disease</u> 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		

No.	<u>Disease</u> Forms and Subforms	No.	<u>Disease</u> Forms and Subforms
X.	Paranoia Querulent Insanity	D.	Compulsive Insanity Tormenting Ideas Onomatomania Arithmomania Grubelsucht Folie du Doute 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 Develoment A. Imbecility Stupid Form Lighter Grades Energetic Type B. Idiocy Severe Cases Light Cases

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

CLASSIFICATION OF MENTAL DISORDERS

2. Bleuler's Textbook 1916

LEHRBUCH DER PSYCHIATRIE

- Argued that ". . . it is impossible to base a classification of morbid pictures exclusively in the course of the disease . . ."
- Acknowledged that ". . . Kraepelin's . . . classification of mental disease . . . compared with the earlier ones (classifications) is entirely satisfactory . . ."
- Recognized that ". . . neither organic and functional, nor endogenous and exogenous psychiatric disorders can be clearly separated from each other because their symptomatologies intermingle . . ."
- ". . . same causes might produce very different morbid pictures . . . and . . . conversely, the same morbid pictures might be produced by different causes . . ."

CLASSIFICATION OF MENTAL DISORDERS

3. Bleuler 1916

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

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

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

CLASSIFICATION OF MENTAL DISORDERS

4. Kraepelin vs. Bleuler

<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.	Thyrotoxic Psychoses
IV.	Thyrotoxic 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.

## INTRODUCTION OF PSYCHOPATHOLOGY

### 1. From Emminghaus to Jaspers

H. EMMINGHAUS	1878	Introduction of the term "psychopathology" Synonymous with psychiatry
Karl Jaspers	1909	Eifersuchtswahn: Entwicklung einer Persönlichkeit oder Prozess  Separation of (personality) development (which is expressed in events and their corresponding contents) from (disease) process (which is expressed in patterns and their corresponding forms)
Karl JASPERS	1913 1962	Allgemeine Psychopathologie General Psychopathology ". . . deals with the identification, description and conceptualization of signs and symptoms which occur in patients with mental disorder . . ." Galen's symptoms and signs in psychiatry

# INTRODUCTION OF PSYCHOPATHOLOGY

## 2. General Psychopathology

General	Subjective Psychopathology	Phenomenology
	Objective Psychopathology	Observable Performances Somatic Accompaniments of Psychic Events
	Understanding Psychopathology	Psychodynamics Meaningful Connections
	Explanatory Psychopathology	Causal Connections Causal Explanations
Clinical	Nosology	Integration of Preordered Information into Disease Entities
		Denomination & Qualification & Prediction



## INTRODUCTION OF PSYCHODYNAMICS

### 1. Siegmund Freud's Contribution

Introduction of psychoanalytic concepts: defence mechanisms unconscious processes early sexual trauma	<u>1893</u>	Über den Psychischen Mechanismus hysterischer Phänomene (with Breuer)
	1895	Studien über Hysterie (with Breuer)
Introduction of the term metapsychology: description of mental processes topography of mental processes economy of mental processes	<u>1896</u>	
	1913	(Totem and Taboo)
	1920	(Beyond the Pleasure Principle)
	1923	(The Ego and the Id)
	1925	(Inhibitions, Symptoms and Anxiety) Anxiety (signal for internal danger) vs. fear (signal for external danger)
Psychoanalytic movement	<u>1904</u>	(Psychopathology of Everyday Life)
	1905	(Jokes and Their Relation to Unconsciousness)
	1905	(Three Essays on Sexuality)
	1916	(Introductory Lectures on Psychoanalysis)
Cultural influence	<u>1927</u>	(The Future of an Illusion)
	1927	(Civilization and Its Discontents)
	1930	Goethe Prize
	1939	(Moses and Monotheism)

## INTRODUCTION OF PSYCHODYNAMICS

### 2. Early Schools

Alfred ADLER	organ inferiority neurotic compensation
Wilhelm STAKEL	short term therapy
Carl JUNG	psychologic types extroversion vs. introversion archetype
Sandor Ferenczi	first university chair in Budapest (1919)
Geza Roheim	link to anthropology
Melanie KLEIN	pre-oedipal phase psychoanalysis of children
Anna FREUD	defence mechanism psychoanalysis of children

## CLINICAL PSYCHOPATHOLOGY

### 1. Kurt Schneider's Contributions

Adoption of principles set out by Karl Jaspers in his General Psychopathology, Kurt Schneider developed his Clinical Psychopathology

1920 Die Schichtung des emotionalen Lebens und der Aufbau der Depressions Zustände

Separation of mental depression (disease process) from depressive psychopathy (developmental anomaly) and reactive depression

1923 Psychopathische Persönlichkeiten

Separation of abnormal from psychopathic personality (developmental anomaly) by adopting Koch's (1891, 1893) concept of psychopathic inferiority

1950 Klinische Psychopathologie

Separation of anomalies of development from psychoses

1957 Primäre and sekundäre Symptomen bei Schizophrenie

Separation of first rank (pathognomonic) symptoms from the other psychopathologic symptoms seen in schizophrenia

CLINICAL PSYCHOPATHOLOGY

2. Schneider's Classification

Abnormal Variations of Psychic Life Anomalies of Development	Effects of Illness and Defective Structure Psychoses
Abnormal Intellectual Endowment	Psychoses of the Feeble-minded
Abnormal Personality Psychopathic Personalities	Somatically Based Psychoses
Abnormal Reaction to Experience Psychic Reaction	Cyclothymia and Schizophrenia

Schneider's (1950) classification of mental illness; separation of "anomalies of development" from "psychoses."

FROM WERNICKE TO LEONHARD

1. Wernicke's Contributions

1881 Recognition that polioencephalitis hemorrhagica (described by him) may lead to amnesia opened the path for the separation of the amnesias from the dementias

Description of alcoholic hallucinosis

Description of presbyophrenia

1899 Uber Klassifikation der Psychosen

Recognition that the psychic reflex - - first described by Griesinger (1843) and subsequently by Sechenov (1866) - - is the functional unit of psychiatric disease opened the path for his classification of mental disorders

Perceived mental disorders in terms of decrease, increase or disturbance of activity in the afferent - psychosensorial, central - intrapsychic, or efferent - or psychomotor component of the reflex arc. (Sejunction theory)

1900 Grundriss der Psychiatrie

Recognition that the conscious mind provides for autopsychic, somatopsychic and allopsychic representations opened the path for the separation of disorders characterized by selective disturbance of autopsychic (dissociative disorders), somatopsychic (somatization disorders), and allopsychic (exogenous psychoses) representations

FROM WERNICKE TO LEONARD

2. Kleist and Neele

Karl Kleist

- 1923 Die Auffassung der Schizophrenien als Systemkrankheiten  
Separation of typical (one system affected) from atypical (more than one system affected) schizophrenias
- 1929 Uber zyклоide, paranoide und epileptoide psychosen  
Adoption of cycloid psychoses as a group of psychoses between manic-depressive insanity and the schizophrenias

E. Neele

- 1969 Die Phasischen Psychosen  
Introduction of polarity in the separation of monomorphous (simple) from polymorphous (multiforms) phasic (episodic) psychoses

FROM WERNICKE TO LEONHARD

3. Leonhard's Contributions

1956 Die Aufteilung der endogenen Psychosen  
1979 The Classification of Endogenous Psychoses

Adoption of Neele's concept of polarity:

Separation from multiform (bipolar) phasic (manic-depressive) psychosis, the simple (unipolar) phasic (manic and melancholic) psychoses

Adoption of Kleist's dichotomy within the schizophrenias:

Separation from the systematic schizophrenias (which represent the original concept of dementia praecox) the unsystematic schizophrenias (which represent a group of episodic illnesses without full remission between episodes)

Adoption of Kleist's formulation of the diagnostic concept of cycloid psychoses:

Separation of cycloid psychoses from the phasic psychoses

Adoption of Wernicke's classification scheme:

Separation within the cycloid psychoses and the unsystematic schizophrenias three groups of disorders, i.e., confusion psychosis and cataphasia (sensory - perceptual - cognitive disturbance), anxiety - happiness psychosis and affect - laden paraphrenia (relational - affective disturbance) and motility psychosis and periodic catatonia (psychomotor disturbance).

Introduction of the concept of (but not the word) of totality:

Separation of the pure euphorias from pure mania and the pure depressions from pure melancholia.

Employment of psychopathologic analyses:

Separation of subforms within the different disorders.

FROM WERNICKE TO LEONHARD

3a. Leonhard's Classification

Diagnosis	Simple Unipolar	Multiform Bipolar	Episodic	Continuous	Remission	Full Remission	Partial Remission	Afferent	Central	Efferent	Combine
Phasic Psychoses			+			+					
Manic-depressive Disease		+	+			+					+
Pure Melancholy	+		+			+					+
Pure Mania	+		+			+					+
Pure Depressions	+		+			+		+			
Pure Euphorias	+		+			+		+			
Cycloid Psychoses			+			+					
Confusion		+	+			+		+			
Anxiety-happiness		+	+			+					+
Motility		+	+			+					
Unsystematic Schizophrenias		+	+			+					+
Catataphasia		+	+			+		+			
Affect-laden paraphrenia		+	+			+			+		
Periodic catatonia		+	+			+				+	
Systematic Schizophrenias	+										+
Simple	+										+
Paraphrenias	+										+
Hebephrenias	+										+
Catatonias	+										+
Combined	+										+
Paraphrenia	+										+
Hebephrenia	+										+
Catatonia	+										+

Schematic presentation of the differential pattern of diseases in Leonhard's (1957) classification of "endogenous psychoses."



FROM WERNICKE TO LEONHARD

3b. Leonhard's Classification

Diagnoses	Psychosensory Incr. Decr. Dist.	Intrapsychic Incr. Decr. Dist.	Psychomotor Incr. Decr. Dist.
Pure Depressions		Hypochoondriacal Suspicious: Self-torturing Harried Non-participatory	
Pure Euphorias		Hypochoondriacal Confabulatory Enthusiastic Unproductive Non-participatory	
Systematic Paraphrenias	Phonemic Hypochoondriacal Confabulatory Expansive Fantastic Incoherent		
Systematic Hebephrenias			Autistic Eccentric Silly Shallow
Systematic Catatonias			Proskinetetic Parakinetic Speech-prompt Speech-inactive Manneristic Negativistic

Schematic presentation of the different patterns of "subforms" of disease in Leonhard's (1957) classification of "endogenous psychoses."

# TREATMENT OF MENTAL DISORDERS

## 1. Physical Treatment

### Inducing Fever

WAGNER von JAUREGG	<u>1887</u>	Observed that some mental patients improved if developed fever  Induced fever first with tuberculine and vaccines  Focusing on general paralysis
	<u>1917</u>	Injected blood from patient with malaria
	<u>1927</u>	Nobel prize for successful treatment
	1939	Satisfactory results in 33%
Mahoney, Arnold & Harris	1943	Described action of penicillin on <i>Treponema pallidum</i>
Stokes	1943	Penicillin effective in general paralysis

### Inducing Hypoglycemia

MANFRED SAKEL	1927	Employed insulin in drug withdrawal
	<u>1927</u>	Treatment of addicts
	<u>1933</u>	Reported to the Vienna Medical Society that repeated induction of hypoglycemic states accompanied by coma has favorable effects in schizophrenia.

### Inducing Seizures

Nyirö and Jablonsky	1929	Suggest a biological antagonism between epilepsy and schizophrenia
LASZLO MEDUNA	<u>1935</u>	Camphor-induced convulsions have favorable effects in schizophrenia  Pentylentetrazol-induced convulsions have favorable effects in schizophrenia
LUCIO BINI	<u>1937</u>	Reported on inducing convulsions by electric current
HUGO CERLETTI	<u>1938</u>	Reported that convulsion by electric current has favorable effect in schizophrenia

## TREATMENT OF MENTAL DISORDERS

### 2. Surgical Treatment

#### Severing Connections (Psychosurgery)

EGAS MONIZ

Lisbon

Almeida LIMA

1936

Tentative operatoires dans le  
traitement de certaines psychoses

Believed that obsessive ideas were the  
result of an abnormal fixation of  
certain intracerebral connections

Injected alcohol into frontal lobe

Invented leucotome and carried out  
limited excision

## TREATMENT OF MENTAL DISORDERS

### 3. Pharmacologic Treatment

Klaesi	1922	Introduced continuous narcosis or sleep therapy
John CADE Australia	1949	Reported on favorable effects with lithium urate in patients with mania opening the path for the treatment of bipolar affective disorders
M. Schou W.A. Harrington P.A. Baastrup		Lithium therapy Lithium therapy Lithium therapy
DELAY, DENIKER & HARL France	1952	Reported on favorable effects with chlorpromazine in psychotic patients opening the path for the treatment of schizophrenic disorders
Roland KUHN Switzerland	1957	Reported on favorable effects with imipramine in depressed psychiatric patients opening the path for the treatment of unipolar depression

**AMERICAN PSYCHIATRY**

**Fourth Seminar**

## SETTING THE STAGE

### 1. Benjamin Rush (1745-1826)

**Personal data:** Born in Philadelphia 1745  
(Born same year as Pinel)

**Studies:** Studied in Edinburgh - exposed to  
teachings of Cullen (1712-1790) (Pinel  
was the translator of Cullen into French)

**Main work:** Medical Inquiries and Observations Upon  
Diseases of the Mind (1812)

**Concept of Psychiatry:** Perceived diseases of the mind as  
biologic and as integral part of medicine  
(like Pinel). His scope of diseases of  
the mind was broader than Pinel's. It  
included:

#### Alcoholism ("inebriety is a neurosis")

1841 First institution specializing in  
the treatment of alcoholism (Boston)

1876 First Journal of Inebriety (i.e.,  
journal dealing with alcoholism)

1960 Disease concept of alcoholism  
receives support from Jellinek  
(1960)

#### Derangement of moral faculties in individuals with good intellect and sound reason led to

1835 Prichard's concept of moral insanity

1889 Koch's concept of psychopathic  
inferiority

1958 Schneider's concept of psychopathic  
personality

## SETTING THE STAGE

### 2. Miller Beard

1869      **Neurasthenia or Nervous Exhaustion**  
(Boston Medical and Surgical Journal)

1880      **Practical Treatise on Nervous Exhaustion**

**Neurasthenia:** Perceived as a "disease of the American civilization  
brought about by rapid urbanization"  
Focused attention on probable relationship between  
adverse life circumstances and mental illness  
Related concepts are "nostalgia" and DaCosta's  
(1871) "irritable heart syndrome".

**Present status of therapeutic concept of neurasthenia:**  
DSM-III-R (APA): dismisses  
ICD-10 (WHO): retains

## NOTED CONTRIBUTIONS

### 1. Epidemiologic Studies

#### 19th Century: Studies of Institutional Data

1850 Concern about rapid growth of populations in mental hospitals

Commission of lunacy was set up by Massachusetts' legislature

Edward Jarvis was put in charge of the commission

1852 Jarvis: On the Supposed Increase in Insanity

Suggests that noxious changes in the environment (a result of urbanization) is responsible for the growth of population in mental hospitals.

Recognizes that study of institutional data cannot prove a real growth of insanity in population.

#### 20th Century: Epidemiologic Studies in the Community

a. Accumulation of schizophrenic patients in disadvantaged areas:

Aaron Rosanoff - Nassau County Study (1916)

Robert and Helen Lynd - Middletown Study (1929)

Faris & Dunham - Mental Disorders in Urban Areas (1939)

b. Significant relationship between social class and mental disorders and significant difference in the incidence of mental disorders between urban and rural areas

Goldhamer and Marshall - Psychoses and Civilization (1953)

Hollingshead and Redlich - Social Class and Mental Illness (1958)

Dohrenwend et. al. - Mental Illness in the United States (1980)



## NOTED CONTRIBUTIONS

### 2. Psychodynamic Theory

#### 1930's & 1940's

##### Environmental Theory

Karen Horney

- Conflicts between cultural values result in psychoneurosis

Sandor Rado

- Adaptational psychodynamics

##### Psychosomatic Theory

Franz Alexander

- Chronic psychologic stress, through the autonomic nervous system produces psychosomatic illness

F. Dunbar

- Different psychosomatic illnesses are linked with different personality types

##### Interpersonal Theory

Harry Stack Sullivan

- Perceived psychiatry as the study of interpersonal relationships

#### 1950's & 1960's

##### Refinement of Original Theory

Erickson

- Drew attention to the different stages of maturing identity

Hartmann

- Drew attention to the autonomy of the ego

##### Psychobiologic Theory

Jules Masserman

- Integration of dynamic and biologic components of behavior

NOTED CONTRIBUTIONS

3. New York State Psychiatric Institute

1895 New York State Pathologic Institute (founded)

1906 Renamed New York State Psychiatric Institute

Directors: Ira E. Van Gieson - Correlation of sciences:  
anthropology, bacteriology, neurology,  
pathology, physiological chemistry,  
psychology and cellular biology

Adolf Meyer - Relocated near Manhattan State  
Hospital ("... any valid research in  
psychiatry must be carried out in close  
contact with patients...")

First Major Discovery: Moore, a staff member of the  
Institute working with Noguchi  
demonstrated the presence of treponema  
pallidum (discovered by Schaudinn in the  
primary lesion of syphilitics) in the  
brains of patients with syphilitic  
general paralysis (1905, 1913)  
("...first discovery of a causative  
agent of a mental disease...")

## NOTED CONTRIBUTIONS

### 4. From Biologic to Biometric Research

Joseph Goldberg reported in the late 30's that the cause of pellagra (which may cause dementia) is a nutritional (nicotinic acid - Vitamin B3) deficiency.

Jervis and his associates reported in 1940 that inability to metabolize phenylalanine causes phenylketonuria, a special type of mental retardation

Guzella and his associates localized in 1993 and subsequently isolated the gene for Huntington's disease, (a special form of neuropsychiatric illness) on the short arm of chromosome 6.

1956 Biometric Research Department of the New York Psychiatric Institute (founded)

First Director: Joseph Zubin ("... facilitation of nosologic research by rendering accessible existing psychometric methods and techniques".)

One Major Contribution: Introduction of Kappa statistics in the measurement of the concordance and reliability of diagnoses among clinicians by Fleiss, Spitzer and Endicott in 1972.

## DIAGNOSIS AND CLASSIFICATION

### 1. Early Contributions

1933	Kasanin	Schizoaffective Disorder Links schizophrenia and affective disorders
1949	Hoch & Polatin	Pseudoneurotic Schizophrenia Links schizophrenia and neurotic disorders
1953	Knight	Borderline Personality Disorder
1975	Kernberg	Links psychoses with personality disorders
1975	Gunderson & Singer	
1977	Grinker	
1964 & 1983	Klein et al.	Panic Disorder Separation of panic disorder from GAD
1966	Kohut	Narcissistic Personality Description of narcissistic personality
1975	Fieve & Dunner	Bipolar II Disorder Separation of bipolar II (hypomanic & depressed) from bipolar I (manic and depressed) disorder

## DIAGNOSIS AND CLASSIFICATION

### 2. St. Louis Group

Robins & Guze	1970	Establishment of Diagnostic Validity in Psychiatric Illness (American Journal of Psychiatry) Emphasized importance of using external validators in confirming psychiatric diagnosis.
Feighner, Robins & Guze	1972	Diagnostic Criteria for Use in Psychiatric Research (Archives of General Psychiatry) Emphasizes importance of identifying clinically homogenous psychiatric populations
Purtell, Robins & Cohen	1951	Conceptualization of hysteria as a syndrome within the framework of Briquet (1860) with the introduction of the term Briquet Syndrome
Robins & Guze	1972	Division of affective illness into primary and secondary
Winokur	1974	Separation within depression three familial subtypes: pure, spectrum and sporadic

## DIAGNOSIS AND CLASSIFICATION

### 3. DSM-III and DSM-III-R

1952	DSM-I	APA
1974	Task Force on DSM-III	Chair: Spitzer
1980	DSM-III	APA
1987	DSM-III-R	APA
1994	DSM-IV	In Preparation

#### Multiaxial Evaluation

Separates two major traditions of medicine:

Tradition of Galen (disease)	Axis I	- clinical syndromes
	Axis II	- personality disorders
	Axis III	- somatic illness
Tradition of Hippocrates (patient)	Axis IV	- psychosocial stress
	Axis V	- level of adaptive functioning

Separates development from disease process (Jaspers 1909)

Disease process	Axis I	- clinical syndromes
Development	Axis II	- personality disorders

Separates neuropsychiatric from sui generis psychiatric disorders (Griesinger 1845)

Sui Generis	Axis I
Neuropsychiatric	Axis I & Axis III

Includes anxiety disorders as Axis I diagnoses and separates three groups of disorders within the anxiety disorders (Wernicke 1899)

Autopsychic Integration	=	Dissociative disorders
Somatopsychic Integration	=	Somatization disorders
Allopsychic Integration	=	Anxiety disorders

## TREATMENT METHODS

### 1. Psychological Treatments

#### Persuasion

Benjamin Rush	1812	Combined moral persuasion with rational persuasion
(S. Tuke	1813	Description of the Retreat near York -- introduction of moral treatment)
Ewen Cameron	1957	Repetition of verbal signal therapy -- raising emotions to set the stage for rational persuasion

#### Extension of Psychologic Treatment to Psychosis

Rosen	1951	Direct analysis
Fromm-Reichmann	1955	Intensive psychotherapy (psychosis)

#### Broad Extension of Psychologic Treatment

Roger	1959	Client-oriented counseling
Berze	1961	Transactional analysis (individual and group)

#### Emphasis on Short-Term

Weissman & Klerman	1973	Short-term interpersonal psychotherapy
Sifneos	1979	Short-term anxiety provoking psychotherapy
Davenloo	1980	Short-term dynamic psychotherapy
Mann	1988	Time-limited psychotherapy

#### Bridge to Behavior Therapy

Adolf Meyer	1950	Distributive analysis and synthesis (re-educative therapy)
Aaron Beck	1976	Cognitive therapy

## TREATMENT METHODS

### 2. Behavioral Treatments

#### Roots

Benjamin Rush (Philadelphia)	1812	Incompatibility between physical pain and hypochondriasis -- pain therapy
James Watson (Baltimore)	1913	Psychology as the Behaviorist Views it
B.F. Skinner (Boston)	1938	The Behavior of the Organism -- operant conditioning
Joseph Wolpe (Philadelphia)	1958	Psychotherapy by Reciprocal Inhibition
Ogden Lindsley (Boston)	1963	Introduction of the free-operant method in the treatment of psychotic patients



## TREATMENT METHODS

### 3. Physical Treatments

#### From Fever to Penicillin

Wagner von Jauregg	1927	(Austria)	Nobel Prize for successful treatment of syphilitic general paralysis with fever therapy
Stokes	1943		Demonstrated that penicillin effective in treatment of syphilitic general paralysis

#### From Rest Cure to Insulin Coma

Weir Mitchell	1877		Fat and Blood and How to Make Them -- proposed in the treatment of neurasthenia absolute rest (rest cure) with isolation and overfeeding
Steck	1932		Used insulin as a special form of Mitchell's "rest cure" as for controlling excitement prior to Sakel's introduction of insulin coma therapy in schizophrenia
Wortis	1938		Adoption of insulin coma therapy and the study of effects of it in brain metabolism before it became abandoned

#### Electroconvulsive Therapy

Bennett	1940		First to administer curare to prevent fractures
	1944		First to use ECT in treatment refractory involutional (depressed) patients
Max Fink	1979		Convulsive Therapy - Theory and Practice

## TREATMENT METHODS

### 4. Psychosurgical Treatments

Jacobsen	1935	Demonstration that frontal lobe ablation in a monkey has a calming effect led to the frontal lobotomies (severing connection between thalamus and frontal lobe) by Moniz & Lima (1936) in Lisbon
Freeman & Watts	1936	Bilateral closed operation
Lyerly	1939	Open procedures
Scoville	1949	Cortical undercutting
Pool et al	1949	Topectomy
Greenblatt & Solomon	1950	Bimedial operation

## TREATMENT METHODS

### 5. Pharmacological Treatment

SERTURNER	1803	Isolation of morphine -- bloodletting was gradually replaced in North America (prior to Europe) by the administration of narcotics, such as opium and morphine.
LOEVENHART, LORENZ & WATERS	1929	Removal of catatonic symptoms by CO <sub>2</sub> (30%) & O <sub>2</sub> (70%)
LINDEMANN	1932	Removal of catatonic symptoms by sodium amobarbital
Horsley	1943	Narcoanalysis
Spiegel	1945	Narcosynthesis
Meduna	1950	5% CO <sub>2</sub> therapy
(Delay & Deniker	1952	Introduction of chlorpromazine)
LEHMANN & HANRAHAN	1954	Introduction of CPZ in North America
NATHAN KLINE	1954	Introduction of reserpine
FRANK BERGER	1954	Introduction of meprobamate
Borrus and Selling	1954	Demonstration of therapeutic effects of meprobamate
GEORGE CRANE	1956	Demonstration of therapeutic effects of iproniazid a MAOI
Loomer, Sanders & Kline	1957	Verification of therapeutic effects of iproniazid
(Roland Kuhn	1957	Recognition of antidepressant effects of imipramine)
LEHMANN, CAHN & DE VERTEUIL	1958	Introduction of imipramine to North America
Sternbach	1956	Development of chlordiazepoxide from synthesis to introduction into treatment.
Randall	1957	
Hines	1960	
Tobin et al.	1960	
BRODIE & associates	1957	Opened modern neuropharmacologic development
JONATHAN COLE	1959	Psychopharmacology Service Center Opened modern psychopharmacologic development