

**Prolegomenon to the Clinical Prerequisite; Psychopharmacology and the Classification of
Mental Disorders
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Conceptual Development of Current Psychiatric Nosology

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Nosology: Review of Historical Development -- First Epoch

Introduction

The history of nosology is intrinsically linked with the formulation of the three essential prerequisites of a valid classification of psychiatric disorders. Formulation of the first essential prerequisite, and the concentrated efforts which followed to recognize "naturally occurring categories of mental illness," led to the classifications of Philippe Pinel (1801) and Jean-Etienne-Dominique Esquirol (1838). Similarly, formulation of the second essential prerequisite, and the subsequent shift of emphasis from a given, static state of the cross-sectional clinical picture to the "dynamic totality," i.e., course and outcome of psychiatric disease, led to the classifications of Emil Kraepelin (1883-1927) and Eugen Bleuler (1916). Finally, and most recently, the formulation of the third essential prerequisite, and the re-evaluation of traditional diagnostic categories in terms of their totality, i.e., "determining structure" which followed, led to the classifications of Kurt Schneider (1950) and Karl Leonhard (1957). An integration of Leonhard's (1957) classification, the first classification in which the diagnostic heterogeneity of populations within the major categories of endogenous psychoses was convincingly shown, with the classification of Kurt Schneider (1950), the first classification in which the distinctiveness between personality development and disease process was explicitly recognized, has been proposed by Frank Fish in his *Clinical Psychopathology*, published in 1967.

In the following, the three consecutive "epochs" in the development of psychiatric "nosology" will be reviewed with special reference to the classifications of Pinel (1801), Esquirol (1838) (1st epoch), Kraepelin (1883-1915), Bleuler (1916) (2nd epoch), Schneider (1950) and Leonhard (1957) (3rd epoch).

First Epoch

The "first epoch" in the history of psychiatric "nosology" was triggered by the work of Boissier de Sauvages (1768) who classified mental "diseases as if they were specimens of nature," and divided "them into ten classes with as many as 295 genera and 2400 species" (Garrison, 1960). de Sauvages' (1768) contention that "naturally occurring categories of mental illness exist" and can be identified by the grouping of symptoms (manifestations) at a particular point -- cross section -- of time, opened the path for the development of "syndromic" classifications of psychiatric disorders.

In the first psychiatric nosologies, in keeping with their "syndromic" nature, the descriptive disease categories were based almost exclusively on the grouping of signs and symptoms of mental illness at a point (cross-section) of time. An exception to this, was the classification of Cullen (1769) which was based exclusively on the manifest clinical picture (Rosenzweig, 1982). Because of the tension between naturally occurring mental disease and the diagnostic categories created by the exclusion of "symptoms which tended to change over time," Cullen's (1769) classification remained outside the main stream in the classification

of psychiatric disorders. The same applies to the classification of Boissier de Sauvages (1768), a frequently referred to classification, which has never been clinically employed.

Pinel's Classification

The first clinically employed psychiatric nosology was the diagnostic classification of Pinel, presented in his *Medico-philosophique sur L'alienation Mentale*, published in 1801. Pinel's (1801) nosology was an "empirical" classification, based on "observable facts," without "mixing metaphysical discussions or certain disquisitions of the ideologists with a science."

In terms of "taxonomic strategy," Pinel's (1801) nosology was a "phenetic" classification based on "meticulous description of the appearance of (its) objects" in which "mental derangements" were "distributed" into five "different species" or "syndromes," i.e., "melancholia," "mania without delirium," "mania with delirium," "dementia" and "ideotism" (Table I). Since each syndrome differed from the others by at least one property -- uniformly present in one "species" while absent in all the others -- in Pinel's (1801) classification the criteria of a "monothetic taxonomy" were fulfilled.

Esquirol's Classification

It is a commonly held view that the roots of all psychiatric classifications are in the nosology of Esquirol, presented in his treatise *Des Maladies Mentales Considerees sous les Rapports Medical, Hygienique et Medico-legal*, published in 1838. Similar to the classification of Pinel (1801), Esquirol's (1838) nosology was an "empirical" classification based on "the results of forty years of study and observations" of "the symptoms of insanity" and "the manners, habits, and wants of the insane." As a "phenetic" classification it was confined "to facts" which were "arranged according to their relations" and "stated as they have been observed" without "any attempt to explain them." Esquirol (1838) "avoided systems, which always appeared to be more seductive by their splendor, than useful in their applications." Because of this, Esquirol's (1838) nosology was the first practical classification from a clinical point of view.

In Esquirol's (1838) nosology "insanity" was separated into five distinct "general forms" or "syndromes" i.e., "lypemia" (or "melancholy of the ancient"), "monomania," "mania," "dementia" and "imbecility" (or "idiocy") (Table II); and each "syndrome" differed from the other by at least one unique property. Because of this in Esquirol's (1838) classification, like in Pinel's (1801) "nosology," the criteria of a "monothetic taxonomy" were fulfilled.

Because of lack in empirical evidence, Esquirol (1838) rejected Griesinger's (1845) idea of "unitary psychosis," a dimensional concept, which later on had its champion in Neumann (1859). In variance with the notion that different "forms" of "insanity" are different manifestations of "one and the same malady," i.e., different developmental stages of the same disease, Esquirol (1838) regarded the five "forms" or "syndromes" of "insanity" as too distinct ever to be confounded." On the other hand, he recognized that his five "general forms of insanity" cannot "characterize (all) the species and varieties (of mental disease) which are reproduced with infinite shades of differences." By acknowledging that under his five "general forms" of "psychiatric syndromes" they are subsumed "many mental afflictions whose origin, nature, treatment and termination are widely different," Esquirol (1838) opened the path for the "second epoch" in the history of nosological development.

Table I

<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	Ideotism or obliteration of the intellectual faculties	"total obliteration of the thinking faculties or a privation more or less absolute of all ideas and emotions"

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

Table II

<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 pre-dominance 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"

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

