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LOWELL S. SELLING, M.D.



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A SUGGESTION RELATIVE TO CLASSIFYING NERVOUS AND MENTAL DISEASES.*†

LOWELL S. SELLING, M.D.

Since experiences are only of value when they can be compared, classifications are necessary in all sciences. To consider each case as an unreproduced experience in its entirety places the psychiatrist at a disadvantage for he does not know what has happened to similar cases and what has been learned in the past from the symptoms which are presented.

By the same token psychiatric experience is not separable from any other medical experience, and with its growth as a science various new shades of mental abnormality are being studied. The neurologist and the expert in child guidance, as well as the psychologist, pathologist, and physiologist, have all contributed to a better understanding of psychiatric problems, but while individual psychiatrists have taken advantage of these contributions, they have not, as a group, given them recognition. Neurology is largely classified according to the anatomical changes present and the mental functions are considered only as symptoms. In child guidance, the tendency has been to base classification on etiology. In legal medicine and custodial psychiatry, symptoms without regard to their anatomical bases have been stressed. It is obvious, nevertheless, that no one of these angles is more important than any other.

In the past numerous methods have been used to classify nervous and mental diseases. In pre-Kraepelinian days mental diseases were classified according to the type of symptoms which were manifested or according to concomitant medical findings. For example, Griesinger listed states of mental depression, comprising slight melancholia, melancholia with stupor, melancholia (suicidal and homicidal) and agitated melancholia; a class which he calls "mental exaltations" includes "mania" and "monomania." "States of mental weakness" comprise such entities as "chronic mania", "dementia", "apathetic dementia", idiocy and cretinism; while general paralysis and the neuroses are to him only complications. A contemporary etiological classification includes such entities as: general paralysis; paralytic, traumatic,

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epileptic, syphilitic, rheumatic, gouty, phthisical, and uterine, ovarian, masturbational insanities. With the formulation by Kraepelin of the distinction between the recoverable and non-recoverable psychoses, a step forward is made in classifying mental disorders as due to infection, exhaustion, intoxication, as being thyrogenous, or as dementia praecox, dementia paralytica, organic, involuntional, manic-depressive, paranoia, epileptic insanity, psychogenic neurosis, constitutional psychopathic states, psychopathic personalities, defective mental development.

Dr. Kempf in 1919 suggested grouping neuroses as follows: suppression, repression, compensatory, regression and dissociation types, subdivided into benign and pernicious types.

Dr. Charles Mercier gave the following criteria for classification in 1904: He states that the classification

- a) Should represent and embody the general state of our knowledge at the present time.
- b) Should receive general approval and support.
- c) Should be sufficiently elastic to be adaptable to future discoveries.
- d) Easy of application by all sorts and conditions of alienists.
- e) Must distinguish differences that are patent, manifest and free from doubt.
- f) Be expressed in terms generally agreed upon or defined in a sense that will be generally accepted.
- g) Include all things that we seek to classify.
- h) Classification in our sense is the distribution of things into classes; the like together and the unlike apart. Insanity is one and indivisible. It is not kinds of insanity, but cases of insanity we are to classify.
- i) The scission of each class must proceed upon a single principle—(1) Causation (alcoholic insanity); (2) underlying morbid change (general paralysis); (3) nature of associate (epileptic insanity); (4) course of disease (oflie circulaire); (5) dominant symptom (fixed delusion); (6) time of origin (congenital imbecility); (7) intensity of disease (acute delirious mania).