STATISTICAL MANUAL

FOR THE USE OF

INSTITUTIONS FOR THE INSANE

PREPARED BY THE

COMMITTEE ON STATISTICS

OF THE

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION

IN COLLABORATION WITH THE

BUREAU OF STATISTICS

OF THE

NATIONAL COMMITTEE FOR MENTAL HYGIENE

50 UNION SQUARE, NEW YORK CITY

NEW YORK

1918

e. g., "1 yr." for 11 mos., 12½ mos., etc., and "1 mo." for 35 days, etc. Avoid "60 yrs." for 59 or 61 yrs.

Avoid ambiguous abbreviations; as "lob. pneu." (lobar or lobular?), "par." (paranoic or paralytic?), etc., and use only standard abbreviations.

If the place assigned to any caption of the schedule is too limited to enter all ascertained data, mark the blank "over", and enter the data on the back of the card.

Entries on all cards should be typewritten. Designate items on the cards, by underscoring; as, single. Do not cross out items or use check marks.

CLASSIFICATION OF MENTAL DISEASES

Explanatory notes of the various groups and clinical types follow the classification.

1. **Traumatic psychoses**
    - (a) Traumatic delirium
    - (b) Traumatic constitution
    - (c) Post-traumatic mental enfeeblement (dementia)
2. **Senile psychoses**
    - (a) Simple deterioration
    - (b) Presbyophrenic type
    - (c) Delirious and confused types
    - (d) Depressed and agitated states in addition to deterioration
    - (e) Paranoid types
    - (f) Pre-senile types
3. **Psychoses with cerebral arteriosclerosis**
4. **General paralysis**
5. **Psychoses with cerebral syphilis**
6. **Psychoses with Huntington's chorea**
7. **Psychoses with brain tumor**
8. **Psychoses with other brain or nervous diseases**

The following are the more frequent affections and should be specified in the diagnosis.

Cerebral embolism
Paralysis agitans
Meningitis, tubercular or other forms (to be specified)
Multiple sclerosis
Tabes
Acute chorea
Other conditions (to be specified)

9. **Alcoholic psychoses**
   - (a) Pathological intoxication
   - (b) Delirium tremens
   - (c) Korsakow's psychosis
   - (d) Acute hallucinosis
   - (e) Chronic hallucinosis
   - (f) Acute paranoid type
   - (g) Chronic paranoid type
   - (h) Alcoholic deterioration
   - (i) Other types, acute or chronic
10. **Psychoses due to drugs and other exogenous toxins**
    - (a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined (to be specified)
    - (b) Metals, as lead, arsenic, etc. (to be specified)
    - (c) Gases (to be specified)
    - (d) Other exogenous toxins (to be specified)
11. **Psychoses with pellagra**
12. **Psychoses with other somatic diseases**
    - (a) Delirium with infectious diseases
    - (b) Post-infectious psychosis
    - (c) Exhaustion-delirium
    - (d) Delirium of unknown origin
    - (e) Cardio-renal diseases
    - (f) Diseases of the ductless glands
    - (g) Other diseases or conditions (to be specified)
13. **Manic-depressive psychoses**
    - (a) Manic type
    - (b) Depressive type
    - (c) Stupor
    - (d) Mixed type
    - (e) Circular type
14. **Involution melancholia**
15. **Dementia praecox**
    - (a) Paranoid type
    - (b) Catatonic type
    - (c) Hebephrenic type
    - (d) Simple type
16. **Paranoia or paranoic conditions**
17. **Epileptic psychoses**
    - (a) Deterioration
    - (b) Clouded states
    - (c) Other conditions (to be specified)

18. **Psychoneuroses and neuroses**
    - (a) Hysterical type
    - (b) Psychasthenic type
    - (c) Neurasthenic type
    - (d) Anxiety neuroses
19. **Psychoses with constitutional psychopathic inferiority**
20. **Psychoses with mental deficiency**
21. **Undiagnosed psychoses**
22. **Not insane**
    - (a) Epilepsy without psychosis
    - (b) Alcoholism without psychosis
    - (c) Drug addiction without psychosis
    - (d) Constitutional psychopathic inferiority without psychosis
    - (e) Mental deficiency without psychosis
    - (f) Others (to be specified)

DEFINITIONS AND EXPLANATORY NOTES

The following explanatory notes and definitions of the various clinical groups were prepared for the Committee by Dr. George H. Kirby, Director, Psychiatric Institute, Ward's Island, New York City.

1. Traumatic Psychoses

The diagnosis should be restricted to mental disorders arising as a direct or obvious consequence of a brain (or head) injury producing psychotic symptoms of a fairly characteristic kind. The amount of damage to the brain may vary from an extensive destruction of tissue to simple concussion or physical shock with or without fracture of the skull.

Manic-depressive psychoses, general paralysis, dementia praecox, and other mental disorders in which trauma may act as a contributory or precipitating cause, should not be included in this group.

The following are the most common clinical types of traumatic psychosis and should be specified in the statistical record of the hospital:

(a) Traumatic delirium: This may take the form of an acute delirium (concussion delirium), or a more protracted delirium resembling the Korsakow mental complex.

(b) Traumatic constitution: Characterized by a gradual post-traumatic change in disposition with vasomotor instability, headaches, fatigability, irritability or explosive emo-