

Mombour W. Procedure for standardization of psychopathologic findings. *Psychiat. Clin. Basel* 5:73-120; 137-57, 1972. [Max Planck Institute for Psychiatry, Munich, Germany]

There is a lack of generally accepted etiological theories for most psychiatric disorders. Psychopathology (symptoms, syndromes, and their courses) is the essential basis for diagnosis, classification, treatment, rehabilitation, etc. To facilitate the recording, and to guarantee completeness, rating scales and other instruments have been developed. This paper describes the 46 most distributed instalments (1972) and gives a critical evaluation of their use and methodology. [The *SSC*[®] and the *SC*[®] indicate that this paper has been cited in more than 85 publications, making it the most-cited article published in this journal.]

German "Neo-Kraepelinians"

W. Mombour

Max Planck Institute for Psychiatry
D-8000 Munich
Germany

In 1966, I came to the Department of Adult Psychiatry of the Max Planck Institute for Psychiatry in Munich, after 10 years of training in Switzerland, France, Canada, and the US. In Germany and abroad, I was struck by the lack of precision and the interchangeability of psychiatric diagnoses. Depending upon national traditions and ideologies, the same patient or the same clinical picture got a different diagnosis when seen by a psychiatrist from another "school."

The chief of the department in Munich, D. von Zerssen, had made the same observations. We believed that the psychiatric community needed to improve its agreement in diagnoses and the compatibility of international research results. To accomplish this, we needed to return to a purely descriptive psychiatry in areas where no proven and generally accepted etiological theories had emerged from research. By taking this point of view, we joined an international movement that was already making progress in the UK, the WHO, and the US (where the adherents are called "Neo-Kraepelinians," after Emil Kraepelin, German psychiatrist of the late nine-

teenth and early twentieth centuries¹).

As a first step toward international cooperation, we encouraged the use of the International Classification of Diseases (ICD-8) instead of the old-fashioned Wurzburg classification system. Our group (especially von Zerssen, Ploog, and myself, from the Max Planck Institute, together with Hippus and H. Helmchen, from the psychiatric university departments of Munich and Berlin) was instrumental in introducing, adapting, and translating ICD-8 as the official system into German psychiatry in the early 1970s.² Von Zerssen and I introduced the US-developed IMPS (Inpatient Multidimensional Psychiatric Scale by M. Lorr and C.J. Klett³) and the German-developed AMDP-System (Arbeitsgemeinschaft für Methodik und Dokumentation in der Psychiatrie by Angst, Helmchen, Hippus, et al.⁴) as a routine documentation system for all admissions and discharges of psychiatric patients. This was a great help because it gave us the chance to relate most of our scientific data of treatment, course, and outcome, to the psychopathological status of the patients.

Von Zerssen encouraged me to write a comprehensive paper on rating scales for descriptive psychopathology. It was a great success, satisfying a need in Germany and neighboring countries, because the "Neo-Kraepelinian" ideas of a descriptive, atheoretical, and noninterpretative psychiatry were gaining ground.

A descriptive psychopathology of symptoms and syndromes was regarded as the essential basis for all empirically based statements in psychiatry. Rating scales facilitate the collection, recording, and evaluation of psychopathology. The value of this paper was in the detailed description of the scales—giving the reader an idea of the individual scale, while most papers on scales only give a general outline.

The development of descriptive diagnosis has now shifted from rating scales to criteria-based diagnoses like the DSM-III/DSM-III-R⁵ and ICD-10,⁶ where the symptoms and syndromes are directly incorporated into the diagnosis. But, rating scales are still in use for a purely descriptive psychopathology, especially in basic and psychopharmacological research.

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2. Degkwitz R, Helmchen H & Mombour W. *Diagnosenschlüssel und Glossar psychiatrischer Krankheiten. Deutsche Übersetzung der internationalen Klassifikation der WHO: ICD-S und des internationalen Glossars* (Diagnosis key and glossary of psychiatric disorders. German translation of the international classification of WHO: ICD-8 and the international glossary). Berlin, Germany: Springer-Verlag, 1971, 67 p.
3. Lorr M & Klett C.J. *Inpatient multidimensional psychiatric scale*. Palo Alto, CA: Consulting Psychologists Press, 1966, 16 p. (Cited 135 times.)
4. Arbeitsgemeinschaft für Methodik und Dokumentation in der Psychiatrie (AMDP) (Work group for methodology and documentation in psychiatry (AMDP)). *Das AMDP-System (The AMDP system)*. Berlin, Germany: Springer-Verlag, 1981.
5. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders, third edition, revised*. Washington, DC: American Psychiatric Association, 1987, 567 p.
6. World Health Organization. *International classification of diseases, tenth revision*. Geneva, Switzerland: WHO, 1992.

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