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AN INTRODUCTION TO THE AMERICAN PSYCHIATRIC ASSOCIATION'S
NEW DIAGNOSTIC NOMENCLATURE FOR NEW YORK STATE
DEPARTMENT OF MENTAL HYGIENE PERSONNEL*

BY ROBERT L. SPITZER, M.D., AND PAUL T. WILSON, M.D.

For many years the New York State Department of Mental Hygiene has used two nomenclatures to record psychiatric diagnoses. The state hospitals used the 1942 edition of the *Standard Nomenclature of Disease*, a revision of the American Medical Association's 1934 classification. This nomenclature has often been referred to as the "1942 Revised Classification" (RC) and appeared in successive editions of Nolan D. C. Lewis's *Outlines for Psychiatric Examinations*.¹ All other mental health facilities used the first edition of the *Diagnostic and Statistical Manual* of the American Psychiatric Association, published in 1952 (DSM-I).²

In October 1968 all New York State mental health facilities will begin using one nomenclature: the second edition of the *Diagnostic and Statistical Manual* of the American Psychiatric Association (DSM-II).³ Readers already familiar with DSM-I are referred to the authors' earlier articles about the transition from the first to the second of the American Psychiatric Association's manuals.^{4, 5} The present article is primarily for readers who have been using the 1942 Revised Classification.

BACKGROUND TO DSM-II

DSM-II, unlike its predecessor, is based on the *International Classification of Disease*, Eighth Revision (ICD-8),⁶ prepared by the World Health Organization and formally adopted in 1966 to become effective in 1968. By its comparability with ICD-8, DSM-II provides for comparability between psychiatric diagnoses in this country and those in all WHO member nations. Ultimately, this means that psychiatrists from many nations will be able to share the clinical and demographic information they glean from their experience with mental illness.

ICD-8 is a product of international collaboration and compromise and was strongly influenced by several American psychiatrists who participated in its development. The APA Committee

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on Nomenclature and Statistics that prepared DSM-II made numerous modifications in ICD-8 for American use. This consisted of adding many new diagnoses, suggesting that certain diagnoses not be used in this country, changing the names of some categories, and changing the organization and sequence of listed diagnoses.

Interestingly, New York State psychiatrists played an especially active role in the APA Committee on Nomenclature and Statistics. Dr. Ernest Gruenberg was its chairman, and among its five other members were Drs. Benjamin Pasamanick, Henriette Klein, and Lothar B. Kalinowsky, Dr. Lawrence C. Kolb was its administrative liaison with the American Psychiatric Association, and the senior author of this article was one of its two technical consultants.

DIFFERENCES BETWEEN THE ORGANIZATION OF THE 1942 REVISED CLASSIFICATION (RC) AND DSM-II

The RC classification consisted of 24 categories divided into five major sections. In order, these sections could be described as organic psychoses, psychoneuroses, functional psychoses, conditions "without mental disorder," and primary behavior disorders. The section "conditions 'without mental disorder'" was a heterogeneous one that included such widely differing conditions as "Epilepsy," "Alcoholism," "Drug addiction," "Mental deficiency," "Disorders of personality due to epidemic encephalitis," and various sub-types of "Psychopathic personality."

In contrast, DSM-II is divided into eleven sections. In order, they are "Mental retardation," "Organic brain syndromes," "Psychoses not attributed to physical conditions listed previously," "Neuroses," "Personality disorders and certain other non-psychotic mental disorders," "Psychophysiologic disorders," "Special symptoms," "Transient situational disturbances," "Behavior disorders of childhood and adolescence," "Conditions without manifest psychiatric disorder and non-specific conditions," and "Non-diagnostic terms for administrative use." Table 1 shows all DSM-II sections and their component diagnoses and code numbers.

MULTIPLE DIAGNOSES

RC made no provision for multiple diagnoses except for two terms that were actually combinations of diagnoses: "Psychoses

Table 1. Diagnostic Nomenclature of the American Psychiatric Association (DSM-II)

I MENTAL RETARDATION	293.1	Other cerebrovascular disturbance
310. Borderline	293.2	Epilepsy
311. Mild	293.3	Intracranial neoplasm
312. Moderate	293.4	Degenerative disease of the CNS
313. Severe	293.5	Brain trauma
314. Profound	293.9	Other cerebral condition
315. Unspecified		Psychosis associated with other physical condition
With each: Following or associated with	294.0	Endocrine disorder
.0 Infection or intoxication	294.1	Metabolic and nutritional disorder
.1 Trauma or physical agent	294.2	Systemic infection
.2 Disorders of metabolism, growth or nutrition	294.3	Drug or poison intoxication (other than alcohol)
.3 Gross brain disease (post-natal)	294.4	Childbirth
.4 Unknown prenatal influence	294.8	Other and unspecified physical condition
.5 Chromosomal abnormality		B Non-Psychotic OBS
.6 Prematurity	309.0	Intracranial infection
.7 Major psychiatric disorder	309.13*	Alcohol* (simple drunkenness)
.8 Psycho-social (environmental) deprivation	309.14*	Other drug, poison or systemic intoxication*
.9 Other condition	309.2	Brain trauma
II ORGANIC BRAIN SYNDROMES (OBS)	309.3	Circulatory disturbance
A Psychoses	309.4	Epilepsy
Senile and pre-senile dementia	309.5	Disturbance of metabolism, growth, or nutrition
290.0 Senile dementia	309.6	Senile or pre-senile brain disease
290.1 Pre-senile dementia	309.7	Intracranial neoplasm
Alcoholic psychosis	309.8	Degenerative disease of the CNS
291.0 Delirium tremens	309.9	Other physical condition
291.1 Korsakov's psychosis		III PSYCHOSES NOT ATTRIBUTED TO PHYSICAL CONDITIONS LISTED PREVIOUSLY
291.2 Other alcoholic hallucinosis	Schizophrenia	
291.3 Alcohol paranoid state	295.0	Simple
291.4* Acute alcohol intoxication*	295.1	Hebephrenic
291.5* Alcoholic deterioration*	295.2	Catatonic
291.6* Pathological intoxication*	295.23*	Catatonic type, excited*
291.9 Other alcoholic psychosis	295.24*	Catatonic type, withdrawn*
Psychosis associated with intracranial infection	295.3	Paranoid
292.0 General paralysis	295.4	Acute schizophrenic episode
292.1 Syphilis of central nervous system	295.5	Latent
292.2 Epidemic encephalitis	295.6	Residual
292.3 Other and unspecified encephalitis		
292.9 Other intracranial infection		
Psychosis associated with other cerebral condition		
293.0 Cerebral arteriosclerosis		

*Categories added to ICD-8 for use in U. S. only.

Table 1. Diagnostic Nomenclature of the American Psychiatric Association (DSM-II)
(continued)

295.7	Schizo-affective	301.6	Asthenic
295.73*	Schizo-affective, excited*	301.7	Antisocial
295.74*	Schizo-affective, depressed*	301.81*	Passive-aggressive*
295.8*	Childhood*	301.82*	Inadequate*
295.90*	Chronic undifferentiated*	301.89*	Other specified types*
295.99*	Other schizophrenia*		Sexual deviation
Major affective disorders		302.0	Homosexuality
296.0	Involuntional melancholia	302.1	Fetishism
296.1	Manic-depressive illness, manic	302.2	Pedophilia
296.2	Manic-depressive illness, depressed	302.3	Transvestitism
296.3	Manic-depressive illness, circular	302.4	Exhibitionism
296.33*	Manic-depressive, circular, manic*	302.5*	Voyeurism*
296.34*	Manic-depressive, circular, depressed*	302.6*	Sadism*
296.8	Other major affective disorder	302.7*	Masochism*
Paranoid states		302.8	Other sexual deviation
297.0	Paranoia		Alcoholism
297.1	Involuntional paranoid state	303.0	Episodic excessive drinking
297.9	Other paranoid state	303.1	Habitual excessive drinking
Other psychoses		303.2	Alcohol addiction
298.0	Psychotic depressive reaction	303.9	Other alcoholism
IV NEUROSES			Drug dependence
300.0	Anxiety	304.0	Opium, opium alkaloids and their derivatives
300.1	Hysterical	304.1	Synthetic analgesics with morphine-like effects
300.13*	Hysterical, conversion type*	304.2	Barbiturates
300.14*	Hysterical, dissociative type*	304.3	Other hypnotics and sedatives "tranquilizers"
300.2	Phobic	304.4	Cocaine
300.3	Obsessive compulsive	304.5	Cannabis sativa (hashish, marijuana)
300.4	Depressive	304.6	Other psycho-stimulants
300.5	Neurasthenic	304.7	Hallucinogens
300.6	Depersonalization	304.8	Other drug dependence
300.7	Hypochondriacal		VI PSYCHOPHYSIOLOGIC DIS-ORDERS
300.8	Other neurosis	305.0	Skin
V PERSONALITY DISORDERS AND CERTAIN OTHER NON-PSYCHOTIC MENTAL DIS-ORDERS		305.1	Musculoskeletal
Personality disorders		305.2	Respiratory
301.0	Paranoid	305.3	Cardiovascular
301.1	Cyclothymic	305.4	Hemic and lymphatic
301.2	Schizoid	305.5	Gastro-intestinal
301.3	Explosive	305.6	Genito-urinary
301.4	Obsessive compulsive	305.7	Endocrine
301.5	Hysterical	305.8	Organ of special sense
		305.9	Other type

*Categories added to ICD-8 for use in U. S. only.

Table 1. Diagnostic Nomenclature of the American Psychiatric Association (DSM-II)
(concluded)

VII SPECIAL SYMPTOMS	308.2*	Overanxious reaction*
306.0 Speech disturbance	308.3*	Runaway reaction*
306.1 Specific learning disturbance	308.4*	Unsocialized aggressive reaction*
306.2 Tic		
306.3 Other psychomotor disorder	308.5*	Group delinquent reaction*
306.4 Disorders of sleep	308.9*	Other reaction*
306.5 Feeding disturbance	X	CONDITIONS WITHOUT MANIFEST PSYCHIATRIC DISORDER AND NON-SPECIFIC CONDITIONS
306.6 Enuresis		
306.7 Encopresis		
306.8 Cephalalgia		
306.9 Other special symptom		Social maladjustment without manifest psychiatric disorder
VIII TRANSIENT SITUATIONAL DISTURBANCES	316.0*	Marital maladjustment*
307.0* Adjustment reaction of infancy*	316.1*	Social maladjustment*
307.1* Adjustment reaction of childhood*	316.2*	Occupational maladjustment*
307.2* Adjustment reaction of adolescence*	316.3*	Dyssocial behavior*
307.3* Adjustment reaction of adult life*	316.9*	Other social maladjustment*
307.4* Adjustment reaction of late life*		Non-specific conditions
IX BEHAVIOR DISORDERS OF CHILDHOOD AND ADOLESCENCE	317*	Non-specific conditions*
308.0* Hyperkinetic reaction*	No	Mental Disorder
308.1* Withdrawing reaction*	318*	No mental disorder*
	XI	NON-DIAGNOSTIC TERMS FOR ADMINISTRATIVE USE
	319.0*	Diagnosis deferred*
	319.1*	Boarder*
	319.2*	Experiment only*
	319.3*	Other*

*Categories added to ICD-8 for use in U. S. only.

with psychopathic personality” and “Psychoses with mental deficiency.” In contrast, DSM-II explicitly encourages clinicians to use multiple diagnoses whenever necessary, and it indicates the sequence for multiple listing.

ASSOCIATED PHYSICAL CONDITIONS

Whenever mental retardation or an organic brain syndrome is associated with a specific physical condition, DSM-II encourages clinicians to record that condition with a separate, additional diagnosis. (To help them, DSM-II lists all ICD-8 diagnoses, including both psychiatric and nonpsychiatric ones, in a separate section.) For example, individuals with mild organic brain syndromes caused by cerebral arteriosclerosis should be given two diagnoses: a psychiatric diagnosis of “Non-psychotic OBS with circulatory

disturbance" and the physical diagnosis of "Generalized ischemic cerebrovascular disease."

The Office of Statistics and Data Processing of the New York State Department of Mental Hygiene is developing techniques that will make it possible to record multiple psychiatric diagnoses and associated physical conditions.

QUALIFYING PHRASES

The RC classification did not use qualifying phrases. In contrast, DSM-II has seven different qualifying phrases—all except one limited to specific sections of the nomenclature (Table 2). For example, the qualifying phrases "acute" and "chronic" are used only in the section for organic brain syndromes.

Table 2. Qualifying Phrases for the Diagnostic Nomenclature of the American Psychiatric Association (DSM-II)

Section II	Section III	Sections IV through IX	All disorders
.X1 Acute	.X6 Not psychotic now	.X6 Mild	.X5 In remission
.X2 Chronic		.X7 Moderate	
		.X8 Severe	

RC AND THE DSM-II EQUIVALENTS

Table 3 lists each RC diagnosis and its counterpart(s) in DSM-II, if there is one. Notice that every organic psychosis in RC, with the exception of the alcoholic psychoses, has at least two counterparts in DSM-II, since in DSM-II the organic brain syndromes are divided into "psychotic" and "non-psychotic" varieties, based on whether the patient is actually psychotic at some time during the episode of illness for which he is examined. Thus, an elderly man whose cerebral arteriosclerosis causes mild memory loss but no overt psychosis would be diagnosed as "Non-psychotic OBS with circulatory disturbance." If he later becomes frankly psychotic, his diagnosis would be "Psychosis with cerebral arteriosclerosis." In the RC nomenclature, there was no way to adequately diagnose individuals with mild non-psychotic dementias. In DSM-II, such individuals are now diagnosed as having one of the non-psychotic organic brain syndromes.

As described in RC, "Hysteria" was considered to have features of two separate conditions recognized in DSM-II—"Phobic neurosis" and "Hysterical neurosis." The RC diagnosis of "Psychasthenia or compulsive states" combined aspects of both "Obsessive

compulsive neurosis" and "Phobic neurosis" in DSM-II. The term "Mixed neurosis" is no longer used in DSM-II, the clinician now being obliged to indicate the single psychoneurosis whose symptoms predominate.

Although RC and DSM-II both include, under the manic-depressive illnesses, "Manic," "Depressed," and "Circular" subtypes, each condition has a slightly different meaning in the two systems. In DSM-II the "Manic" and "Depressed" subtypes refer to disorders in which *all* of the patient's episodes are either exclusively manic or exclusively depressive. In the "Circular" type of condition, the patient has episodes of both kinds. In RC, by contrast, the terms "Manic" and "Depressed" do not apply to the patient's total disorder, but merely to the current *episode*. Thus, some patients formerly diagnosed as "Manic" under RC would be diagnosed as "Circular type manic" under DSM-II. Similarly, some patients formerly diagnosed as "Depressed" in RC would be diagnosed as "Circular type, depressed" in DSM-II. The RC definition of the circular type of manic-depressive psychosis was limited to conditions "which show a change without a free or recovered interval of one phase to the opposite." Patients with this condition would still be diagnosed as Circular type in DSM-II, and the current episode indicated as either depressed or manic. The RC subtypes of "Mixed," "Perplexed," and "Other manic-depressive psychosis" are equivalent to the DSM-II subtype of "Other major affective disorder." The "Stuporous type" in RC is equivalent to either "Manic-depressive, depressed type" or "Manic-depressive, circular type, depressed" in DSM-II.

The four specific subtypes of "Dementia praecox" listed in RC have exact counterparts among the schizophrenias in DSM-II. The RC term "Other types" corresponds to all of the additional specific types of schizophrenia listed in DSM-II.

There are no equivalent terms for the RC diagnoses of "Psychoses with psychopathic personality" and "Psychoses with mental deficiency." Both must now be indicated with the appropriate multiple diagnoses.

The RC term "Undiagnosed psychoses" has no equivalent term in DSM-II, although it corresponds roughly to the ICD-8 term "Unspecified psychoses," which DSM-II does not recommend for use in this country.

Table 3. Comparative Listing of Titles and Codes for RC Classification and DSM-II

1942 Revised Classification		DSM-II
01	Psychoses with syphilitic meningo-encephalitis (general paresis)	292.0 Psychosis with general paralysis
02	Psychoses with other forms of syphilis of the central nervous system	309.0 Non-psychotic OBS with intracranial infection
	021 Meningo-vascular type (cerebral syphilis)	292.1 Psychosis with other syphilis of central nervous system
	022 With intracranial gumma	309.0 Non-psychotic OBS with intracranial infection
	023 Other types	292.2 Psychosis with epidemic encephalitis
03	Psychoses with epidemic encephalitis	309.0 Non-psychotic OBS with intracranial infection
04	Psychoses with other infectious diseases.	294.2 Psychosis with systemic infection
	041 With tuberculous meningitis	309.0 Non-psychotic OBS with intracranial infection
	042 With meningitis (unspecified)	294.8 Psychosis with other and undiagnosed physical condition
	043 With acute chorea (Sydenham's).	309.9 Non-psychotic OBS with other [and unspecified] physical condition
	044 With other infectious disease	294.2 Psychosis with systemic infection
05	Post-infectious psychoses	309.0 Non-psychotic OBS with intracranial infection
	Psychoses due to alcohol.	292.9 Psychosis with other [and unspecified] intracranial infection
	051 Pathological intoxication	294.2 Psychosis with systemic infection
	052 Delirium tremens.	291.6 Pathological intoxication
		291.0 Delirium tremens

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Table 3. Comparative Listing of Titles and Codes for EC Classification and DSM-II (continued)

1942 Revised Classification		DSM-II
053	Korsakoff's psychosis	291.1 Korsakov's psychosis (alcoholic)
054	Acute hallucinosis	291.2 Other alcoholic hallucinosis
		{ 291.3 Alcohol paranoid state
		291.4 Acute alcohol intoxication
055	Other types	{ 291.5 Alcoholic deterioration
		{ 291.9 Other [and unspecified] alcoholic psychosis
06	Psychoses due to a drug or other exogenous poison	294.3 Psychosis with drug or poison intoxication (other than alcohol)
		{ 294.3 Psychosis with drug or poison intoxication (other than alcohol)
061	Due to a metal	
062	Due to a gas	
063	Due to opium or a derivative	309.14 Non-psychotic OBS with other drug, poison, or systemic intoxication
064	Due to another drug	
17	Psychoses due to trauma.	
071	Delirium due to trauma	293.5 Psychosis with brain trauma
072	Personality disorder due to trauma	{ 293.5 Psychosis with brain trauma
073	Mental deterioration due to trauma	{ 309.2 Non-psychotic OBS with brain trauma
074	Other types	{ 293.0 Psychosis with cerebral arteriosclerosis
18	Psychoses with cerebral arteriosclerosis	{ 309.3 Non-psychotic OBS with circulatory disturbance
19	Psychoses with other disturbances of circulation.	
091	With cerebral embolism	{ 293.1 Psychosis with other cerebrovascular disturbance
092	With cardio-renal disease	{ 309.3 Non-psychotic OBS with circulatory disturbance
093	Other types	

Table 3. Comparative Listing of Titles and Codes for RC Classification and DSM-II (continued)

1942 Revised Classification		DSM-II
10	Psychoses due to convulsive disorder (epilepsy).	
101	Epileptic deterioration	{ 293.2 Psychosis with epilepsy
102	Epileptic clouded states	{ 309.4 Non-psychotic OBS with epilepsy
103	Other epileptic types	
11	Senile psychoses.	
111	Simple deterioration	{ 290.0 Senile dementia
112	Presbyphrenic type	{ 309.6 Non-psychotic OBS with senile or pre-senile brain disease
113	Delirious and confused types	
114	Depressed and agitated types	
115	Paranoid types	
12	Involuntional psychoses.	
121	Melancholia	296.0 Involuntional melancholia
122	Paranoid types	297.1 Involuntional paranoid state
123	Other types	No equivalent in DSM-II
13	Psychoses due to other metabolic, etc., diseases.	
131	With glandular disorder	{ 294.0 Psychosis with endocrine disorder
		{ 309.5 Non-psychotic OBS with disturbance of metabolism, growth or nutrition
132	Exhaustion delirium	{ 294.8 Psychosis with other and undiagnosed physical condition
		{ 307* Transient situational disturbances
133	Alzheimer's disease (pre-senile sclerosis)	290.1 Pre-senile dementia
134	With pellagra	{ 294.1 Psychosis with metabolic or nutritional disorder
		{ 309.5 Non-psychotic OBS with disturbance of metabolism, growth or nutrition

Table 3. Comparative Listing of Titles and Codes for RC Classification and DSM-II (continued)

1942 Revised Classification		DSM-II
135	With other somatic disease	{ 294.8 Psychosis with other and undiagnosed physical condition 309.9 Non-psychotic OBS with other [and unspecified] physical condition }
14	Psychoses due to new growth.	
141	With intracranial neoplasm	{ 293.3 Psychosis with intracranial neoplasm 309.7 Non-psychotic OBS with intracranial neoplasm }
142	With other neoplasms	{ 294.8 Psychosis with other and undiagnosed physical condition 309.9 Non-psychotic OBS with other [and unspecified] physical condition }
15	Psychoses due to unknown or hereditary cause but associated with organic change.	
151	With multiple sclerosis	{ 293.4 Psychosis with degenerative disease of the central nervous system }
152	With paralysis agitans	{ 309.8 Non-psychotic OBS with degenerative disease of central nervous system }
153	With Huntington's chorea	
154	With other disease of the brain or nervous system ..	
16	Psychoneuroses.	
161	Hysteria (anxiety hysteria, conversion hysteria and subgroups)	{ 300.2 Phobic neurosis (most probable equivalent) 300.1 Hysterical neurosis 300.13 Hysterical neurosis, conversion type 300.14 Hysterical neurosis, dissociative type }
162	Psychasthenia or compulsive states (and subgroups) .	{ 300.3 Obsessive compulsive neurosis (most probable equivalent) 300.2 Phobic neurosis }
163	Neurasthenia	300.5 Neurasthenic neurosis
164	Hypochondriasis	300.7 Hypochondriacal neurosis
165	Reactive depression (simple situational reaction, others)	300.4 Depressive neurosis

*Any of the several possible DSM-II codes having this same 3-digit prefix may apply.

Table 3. Comparative Listing of Titles and Codes for RC Classification and DSM-II (continued)

1942 Revised Classification		DSM-II
166	Anxiety state	300.0 Anxiety neurosis
167	Anorexia nervosa	306.5 Feeding disturbance
168	Mixed psychoneurosis	No equivalent in DSM-II
17	Manic-depressive psychoses.	
171	Manic type	{ 296.1 Manic-depressive illness, manic type 296.33 Manic-depressive illness, circular type, manic
172	Depressive type	{ 296.2 Manic-depressive illness, depressed type 296.34 Manic-depressive illness, circular type, depressed
173	Circular type	{ 296.3 Manic-depressive illness, circular type 296.33 Manic-depressive illness, circular type, manic 296.34 Manic-depressive illness, circular type, depressed
174	Mixed type	296.8 Other major affective disorder
175	Perplexed type	296.8 Other major affective disorder
176	Stuporous type	{ 296.2 Manic-depressive illness, depressed type 296.34 Manic-depressive illness, circular type, depressed
177	Other types	296.8 Other major affective disorder
18	Dementia praecox (schizophrenia).	
181	Simple type	295.0 Schizophrenia, simple type
182	Hebephrenic type	295.1 Schizophrenia, hebephrenic type
183	Catatonic type	{ 295.2 Schizophrenia, catatonic type 295.23 Schizophrenia, catatonic type, excited 295.24 Schizophrenia, catatonic type, withdrawn
184	Paranoid type	295.3 Schizophrenia, paranoid type

Table 3. Comparative Listing of Titles and Codes for RC Classification and DSM-II (continued)

1942 Revised Classification		DSM-II
185	Other types	295.4 Acute schizophrenic episode 295.5 Schizophrenia, latent type 295.6 Schizophrenia, residual type 295.7 Schizophrenia, schizo-affective type 295.73 Schizophrenia, schizo-affective type, excited 295.74 Schizophrenia, schizo-affective type, depressed 295.8 Schizophrenia, childhood type 295.90 Schizophrenia, chronic undifferentiated type 295.99 Schizophrenia, other [and unspecified] types
9	Paranoia and paranoid conditions.	297.0 Paranoia
191	Paranoia	{291.3 Alcohol paranoid state 297.1 Involuntary paranoid state 297.9 Other paranoid state
192	Paranoid conditions	No single equivalent in DSM-II. (Requires multiple diagnoses)
20	Psychoses with psychopathic personality	No single equivalent in DSM-II. (Requires multiple diagnoses)
21	Psychoses with mental deficiency	No single equivalent in DSM-II. (Requires multiple diagnoses)
22	Undiagnosed psychoses	No single equivalent in DSM-II. (Requires multiple diagnoses)
23	Without mental disorder.	
231	Epilepsy	309.4 Non-psychotic OBS with epilepsy
232	Alcoholism	303* Alcoholism
233	Drug addiction	304* Drug dependence

*Any of the several possible DSM-II codes having this same 3-digit prefix may apply.

Table 3. Comparative Listing of Titles and Codes for RC Classification and DSM-II (continued)

1942 Revised Classification	DSM-II
234 Mental deficiency	310 Borderline mental retardation
	311 Mild mental retardation
	312 Moderate mental retardation
	313 Severe mental retardation
	314 Profound mental retardation
	315 Unspecified mental retardation
235 Disorders of personality due to epidemic encephalitis..	309.0 Non-psychotic OBS with intracranial infection
236 Psychopathic personality	
2361 With pathologic sexuality	302* Sexual deviations
	301.0 Paranoid personality
	301.1 Cyclothymic personality
2362 With pathologic emotionality	301.2 Schizoid personality
	301.3 Explosive personality
	301.5 Hysterical personality
2363 With asocial or amoral trends	301.7 Antisocial personality
2364 Mixed types	No equivalent in DSM-II
237 Other nonpsychotic diseases or conditions	No equivalent in DSM-II
24 Primary behavior disorders.	
241 Simple adult maladjustment	307.3 Adjustment reaction of adult life
	316.0 Marital maladjustment
	316.1 Social maladjustment
	316.2 Occupational maladjustment
242 Primary behavior disorders in children	307.0 Adjustment reaction of infancy
	307.1 Adjustment reaction of childhood
	307.2 Adjustment reaction of adolescence
	308* Behavior disorders of childhood and adolescence

* Any of the several possible DSM-II codes having this same 3-digit prefix may apply.

Table 3. Comparative Listing of Titles and Codes for RC Classification and DSM-II (concluded)

1942 Revised Classification		DSM-II														
2421	Habit disturbance	No exact equivalent in DSM-II (306.6 Enuresis, in some cases)														
2422	Conduct disturbance	No exact equivalent in DSM-II (308.4 Unsocialized aggressive reaction of childhood (or adolescence) or 308.5 Group delinquent reaction of childhood (or adolescence) in some cases)														
2423	Neurotic traits	<table border="0"> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">308.0</td> <td>Hyperkinetic reaction of childhood (or adolescence)</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">308.1</td> <td>Withdrawing reaction of childhood (or adolescence)</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">308.2</td> <td>Overanxious reaction of childhood (or adolescence)</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">306.0</td> <td>Speech disturbance</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">306.2</td> <td>Tic</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">306.3</td> <td>Other psychomotor disorder</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">306.4</td> <td>Disorders of sleep</td> </tr> </table>	308.0	Hyperkinetic reaction of childhood (or adolescence)	308.1	Withdrawing reaction of childhood (or adolescence)	308.2	Overanxious reaction of childhood (or adolescence)	306.0	Speech disturbance	306.2	Tic	306.3	Other psychomotor disorder	306.4	Disorders of sleep
308.0	Hyperkinetic reaction of childhood (or adolescence)															
308.1	Withdrawing reaction of childhood (or adolescence)															
308.2	Overanxious reaction of childhood (or adolescence)															
306.0	Speech disturbance															
306.2	Tic															
306.3	Other psychomotor disorder															
306.4	Disorders of sleep															

The RC term "Without mental disorder" was used apparently to refer to a heterogeneous group of conditions which were neither psychoses, psychoneuroses, or primary behavior disorders.

The RC term "Drug addiction" is equivalent to the DSM-II diagnosis of "Drug dependence," although the latter applies both to habituation and to physiological addiction.

The RC term "Psychopathic personality" is not present in DSM-II. Its component subtypes are now listed in DSM-II as separate diagnostic categories.

The "Primary behavior disorders" listed in RC correspond to conditions falling into three major categories in DSM-II—"Transient situational disturbances," "Behavior disorders of childhood and adolescence," and "Social maladjustment without manifest psychiatric disorder."

There are several new groups of diagnoses in DSM-II for which there were no corresponding RC terms. These include the DSM-II categories of "Psychophysiologic disorders," "Conditions without manifest psychiatric disorder and non-specific conditions" and a group of "Non-diagnostic terms for administrative use." Several single diagnoses in the RC nomenclature, such as "Pathologic sexuality," "Alcoholism," "Drug addiction," and "Mental deficiency" have each been subdivided in DSM-II to form several, more specific diagnoses.

Whereas the RC nomenclature was oriented primarily toward patients in psychiatric hospital settings, DSM-II is applicable to patients in all kinds of psychiatric facilities. Although no system of classifying patients is perfect, particularly if it is unfamiliar to the people who must use it, the work of learning the DSM-II system well is more than worth the effort. Its use in all facilities of the New York State Department of Mental Hygiene represents a major step toward participating in the progress to be enjoyed by sharing experience with other clinicians in the United States and throughout the world.

SUMMARY

For many years the New York State Department of Mental Hygiene has used two nomenclatures to record psychiatric diagnoses. The state hospitals used the 1942 "Revised Classification," a revision of the American Medical Association's 1934 classification,

and all other mental health facilities used the first edition of the *Diagnostic and Statistical Manual* of the American Psychiatric Association.

As of October 1968 all New York State mental health facilities will begin using one nomenclature: the second edition of the *Diagnostic and Statistical Manual* of the American Psychiatric Association. This article is an introduction to this new nomenclature for readers who have been using the 1942 Revised Classification. The background to the new nomenclature and the differences between it and the 1942 Revised Classification are discussed. Finally, a conversion table is presented which lists each diagnosis in the old classification and its counterpart, if present, in the new one.

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