Kendler KS. The development of Kraepelin's mature diagnostic concepts of paranoia (die Verrücktheit) and paranoid dementia praecox (dementia paranoides): a close reading of his textbooks from 1887 to 1899. *JAMA Psychiatry*. Published online September 19, 2018. doi:10.1001/jamapsychiatry.2018.2377

**eAppendix.** Methods and Limitations.

**eReferences.**

This supplementary material has been provided by the authors to give readers additional information about their work.
Methods and Limitations

Methods

Original German texts (all chapters on Verrücktheit from Kraepelin’s 1st through 5th editions and chapters on Dementia Paranoides/ Paranoid Formen Dementia Praecox from his 4th through 5th editions) were translated completely in first draft by Ms. Astrid Klee (AK), a professional German-English translator with graduate training in 19th century German. These were reviewed by KSK through multiple iterations with a particular focus on the psychiatric terminology until agreement between AK and KSK was reached on the best translation of key terms. Extant English translations of Kraepelin’s texts were consulted (e.g. 1–4). The translation of the relevant chapters in his 6th edition by Ayed 4 were carefully reviewed and key terms were re-translated to be consistent with the approach taken in editions 1-5.

Ms. Klee then reviewed the relevant chapters in the 2nd through 6th editions marking the sections that were (with at most very minor changes) identical to the immediately earlier edition. KSK then calculated in each chapter the percent of text which was identical to the last edition versus new to that edition.

Limitations

This essay should be considered in the context of several limitations. I did not place Kraepelin’s nosologic developments in their historical or philosophical context as others have done 5–7. I had to restrict my subject matter and consider neither Kraepelin’s problematic delusional category of “Wahnsinn” present in his second through fourth editions (to disappear into Melancholia in his fifth edition), nor sections in his Verrücktheit chapters on erotomania and religious, somatic and litigious Verrücktheit, examination of which would contribute little to my efforts. Space precluded a review of how my perspective on Kraepelin’s diagnostic development relates to those of other authors, especially Hoff 7.
Finally, this story stops at Kraepelin’s sixth edition which was not the end of the evolution of his diagnostic thinking on the non-affective chronic delusional psychoses. By his final eighth edition, he had introduced three noteworthy changes in his nosologic approach to these syndromes further evidence of his continual critical self-appraisal. First, he separated from Dementia Praecox a disorder he called Paraphrenia. The introduction to this section is translated by M. Barclay as follows:

The disintegration of the psychic personality is in general accomplished in dementia praecox in such a way that in the first place the disorders of emotions and of volition dominate the morbid state. In contrast to that we have now to take into consideration a comparatively small group of cases in which, in spite of many and various points in common with the phenomena of dementia praecox, but because of the far slighter development of the disorders of emotion and volition, the inner harmony of the psychic life is considerably less involved, or in which at least the loss of inner unity is essentially limited to certain intellectual faculties. The marked delusions, the paranoid colouring of the morbid picture is common to all these clinical forms which cannot everywhere be sharply separated (p. 283).

It is of substantial historical interest to determine how much his diagnostic category of paraphrenia, which had limited historical impact on the field, resembles the fantastical form of Verrücktheit that Kraepelin articulated in his 5th edition and then joined with Dementia Paranoides in his 6th edition to constitute the Paranoide Formen of Dementia Praecox. Second, he subdivided his category of Paranoide Formen Dementia Praecox into two groups based largely on severity: Dementia paranoides gravis and mitis. Third, after strongly rejecting the concept of “acute” paranoia in his 5th edition, by the 8th edition Kraepelin accepted the existence of such syndromes, although arguing that the "latent" paranoia existed permanently (p. 267). A detailed study of the changes in Kraepelin’s diagnostic views on the delusional psychoses from his 6th to 8th editions would be of substantial historical and nosological interest.
Reference List


