

[Previous Article](#)

Volume 157 Issue 6, June 2000, pp. 1024-a-1025

[Next Article](#)[Add to My POL](#) | [Email](#) | [Send to Citation Mgr](#)**Letter to the Editor****Schizophrenias in the Wernicke-Kleist-Leonhard School**

HELMUT BECKMANN, M.D., ANDREAS J. BARTSCH, M.D., KLAUS-JÜGEN NEUMÄKER, M.D., BRUNO PFUHLMANN, M.D., MARIA F. VERDAGUER, M.D., and ERNST FRANZEK, M.D., Wuerzburg, Germany

Published online: June 01, 2000

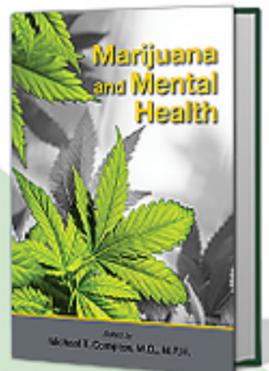
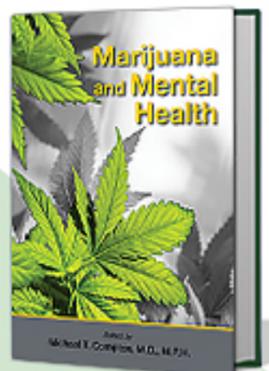
[Citation](#) [Full Text](#) [References](#)

The *Journal* regularly highlights the nosology of the schizophrenias from various perspectives (1, 2). Notably, the extension of the schizophrenic spectrum depends on classification (1). We wish to elaborate on the Wernicke-Kleist-Leonhard school within the traditional and current context.

Originally, Kraepelin's dementia praecox and Bleuler's schizophrenias described heterogeneous psychoses with no *restitutio in integrum*. They were unbiased against deficit symptoms. The Wernicke-Kleist-Leonhard school sustained this heuristic notion of the schizophrenias. It rejected nosological hybridism, empirically separating developmentally more conspicuous systematic schizophrenias of insidious onset or course from genetically higher loaded unsystematic schizophrenias inclined to some bipolarity (i.e., periodic catatonia, affective paraphrenia, and cataphasia). Thus, periodic catatonia is but one of three unsystematic schizophrenias that were previously omitted from mention (2). Some well-described conditions dominated by specific deficits were grouped into hebephrenias, which exist only in systematic forms. In fact, various cases of heboidophrenia (Kahlbaum), dementia simplex (Weygandt and Diem), schizoidia (Bleuler and Kretschmer), schizotypes (Rado), latent schizophrenia (Bleuler), and pseudoneurotic schizophrenia (Hoch and Polatin) corresponded clinically to Kleist and Leonhard's hebephrenias. Moreover, Leonhard passionately differentiated early childhood catatonias from mental retardation. Dementia infantilis (Heller) and early infantile autism (Kanner) overlapped to some extent with Leonhard's systematic childhood catatonias, whereas autistic psychopathy of childhood (Asperger) denoted a nonschizophrenic condition.

Currently, DSM and ICD criteria strive for atheoretical consentaneity but impose several inconsistencies. Productive manifestations are appointed as primary gatekeepers for psychoses and schizophrenias that are subtyped but essentially treated as a single entity. Positive symptoms dominate the "A" criteria for DSM-IV schizophrenia. In anamnestic pervasive developmental disorders, DSM-IV defines comorbid schizophrenia as contingent on delusions or hallucinations. Similarly, the inclusion criteria for ICD-10-schizophrenia are largely neo-Schneiderian. Mere duration segregates schizophrenia from schizophreniform disorder. For both, ICD-10 refers to active duration but DSM-IV to total duration as well. Schizotypes are conceptualized either as personality disorders (DSM-IV) or as tightly related to schizophrenia (ICD-10). However, ICD-10 disfavors schizotypes as hardly demarcated from simple schizophrenia and schizoid and paranoid personality disorders. According to DSM and ICD consensus, the schizoaffective disorders are essentially hybrids. Schizoaffective (Kasanin) and schizophreniform (Langfeldt) psychoses preferentially describe cases of Leonhard's unsystematic schizophrenias or fast-cycling cycloid psychoses. Representing neither schizophrenic nor affective psychoses, cycloid psychoses recur frequently in phases—unlike brief psychotic disorders (DSM-IV)—and without progressing to residua.

According to the Wernicke-Kleist-Leonhard school, the DSM and ICD criteria exclude some cases of schizophrenic psychoses (namely hebephrenias and catatonias) from research on schizophrenias. In other nonschizophrenic (particularly cycloid) psychoses, "schizophrenia" may be misasserted. Supported by genetic evidence (3), Leonhard's classification has just been retranslated (4). For technological sophistication to eventually alleviate a centurial enigma (1), psychopathological

JUST PUBLISHED!**Marijuana and Mental Health**Order Now!
www.appi.org
or call
1-800-368-5777AMERICAN
PSYCHIATRIC
ASSOCIATION
PUBLISHING**JUST PUBLISHED!****Marijuana and Mental Health**Order Now!
www.appi.org
or call
1-800-368-5777AMERICAN
PSYCHIATRIC
ASSOCIATION
PUBLISHING**We also recommend:**

Different genetic background of schizophrenia spectrum psychoses: a twin study.

E Franzek et al., *American Journal Of Psychiatry*, 1998

Images In Psychiatry: Karl Leonhard, 1904–1988

BRENDAN T. CARROLL et al., *American Journal Of Psychiatry*, 1998

A DSM-III family study of the nonschizophrenic psychotic disorders.
K S Kendler et al., *American Journal Of Psychiatry*, 1986

Malignant catatonia secondary to sporadic encephalitis lethargica.

H A Shill et al., *J Neurol Neurosurg*

disputes (e.g., of primary negative symptoms and alternative dimensional descriptors) must consider the history of the schizophrenias.

References

Section:

1. Andreasen NC: Understanding schizophrenia: a silent spring? *Am J Psychiatry* 1998; 155:1657-1659
2. Carroll BT: Karl Leonhard, 1904-1988. *Am J Psychiatry* 1998; 155:1309 [Link](#)
3. Franzek E, Beckmann H: Different genetic background of schizophrenia spectrum psychoses: a twin study. *Am J Psychiatry* 1998; 155:76-83 [Link](#)
4. Leonhard K, Cahn CH: *Classification of Endogenous Psychoses and Their Differentiated Etiology*, 2nd rev ed. Edited by Beckmann H. Vienna, Springer Verlag, 1999

Psychiatry, 2000

Catatonia in depression: prevalence, clinical correlates, and validation of a scale. [↗](#)

S E Starkstein et al., *J Neurol Neurosurg Psychiatry*, 1996

Hypofrontality revisited: a high resolution single photon emission computed tomography study in schizophrenia. [↗](#)

K P Ebmeier et al., *J Neurol Neurosurg Psychiatry*, 1995

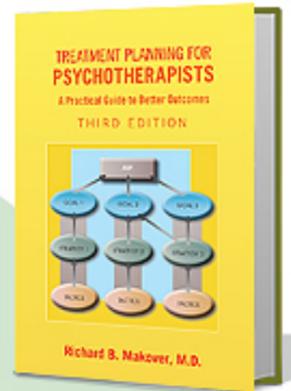
Powered by
TrendMD

Treatment Planning for Psychotherapists

Third Edition
JUST PUBLISHED!

Order Now!
www.appi.org
or call
1-800-368-5777

AMERICAN
PSYCHIATRIC
ASSOCIATION
PUBLISHING 

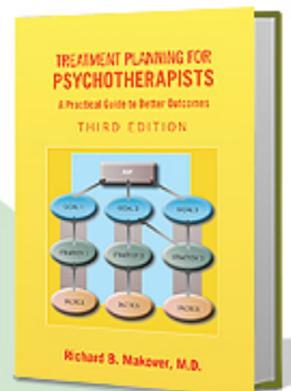


Treatment Planning for Psychotherapists

Third Edition
JUST PUBLISHED!

Order Now!
www.appi.org
or call
1-800-368-5777

AMERICAN
PSYCHIATRIC
ASSOCIATION
PUBLISHING 



About The American Journal of
Psychiatry

Advertisers
Media & Journalists
Authors & Reviewers
Reprints & Permissions

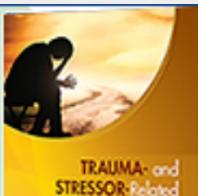
Browse the Bookstore
AMERICAN
PSYCHIATRIC
ASSOCIATION
PUBLISHING 

Washington DC Principles
for FREE
ACCESS to
SCIENCE
www.dcpinciples.org

HINARI
ACCESS TO RESEARCH

Copyright © American Psychiatric Association. All rights reserved.
Print ISSN: 0002-953X | Online ISSN: 1535-7228

Just Published!

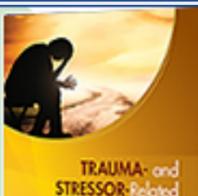


Trauma- and Stressor-Related Disorders
A Handbook for Clinicians

www.appi.org • 1-800-368-5777

AMERICAN
PSYCHIATRIC
ASSOCIATION
PUBLISHING 

Just Published!



Trauma- and Stressor-Related Disorders
A Handbook for Clinicians

www.appi.org • 1-800-368-5777

AMERICAN
PSYCHIATRIC
ASSOCIATION
PUBLISHING 

Connect with us!