

# Editorial: Remembrance of Deeds Past

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From time to time we should pay a tribute to our ancestors, personal or professional. It seems to me that, partially due to developments in our profession, partially due to fortuitous circumstance, the time to pay tribute to our professional ancestors has come again.

The fortuitous circumstance is the article published in a recent issue of *The New Yorker* magazine (1) called “The Dictionary of Disorder” (i.e., *Diagnostic and Statistical Manual of Mental Disorders, DSM*). The article roused several members of the Academy. Why? Because, it presents an interesting yet inaccurate and a bit exaggerated view of a period in the development of the diagnostic system in psychiatry. It gives all credit to one person, Robert Spitzer, M.D. Giving all the credit and accolades to one person in any process inevitably leads to an unfair lack of credit to others. Actually, one should be careful with such accolades as our views of many events and persons change with time. Only history will tell whether Robert Spitzer was “one of the most influential psychiatrists of the twentieth century.” Sixty years ago, many would argue that Wilhelm Reich, mentioned in *The New Yorker* article, was very influential. Yet the younger generations of psychiatrists, with the exception of devoted psychoanalysts, barely, or not at all, know who he was.

The process of establishing valid and reliable diagnostic criteria of mental disorders started *before* the introduction of DSM-III (*Diagnostic and Statistical Manual of Mental Disorders, Third Edition*). It was *not* a work of one person. There are several examples of earlier works in this area during the 1970s. One of the most influential articles of the modern era psychiatry, “Diagnostic criteria for use in psychiatric research,” was published by Feighner and colleagues in 1972 (2). This article outlined criteria similar to those later used in DSM-III, and subsequent DSM new editions and revisions. This article certainly did not outline the criteria for all the disorders DSM-

III did. But it established an approach to the diagnosis of mental disorder similar to the one used in DSM-III. Those of us who have been around for a while can also appreciate that the book *Psychiatric Diagnosis* by Robert A. Woodruff, Jr., Donald W. Goodwin and Samuel B. Guze published in the early 1970s (3), was a forerunner to DSM-III. The introduction to this book discusses the “non alignment” approach to psychiatric diagnosis attributed to Dr. Spitzer by *The New Yorker* article in the discussion of abandoning the term neurosis in DSM-III. The introduction to “Psychiatric Diagnosis” explicitly states, that “. . . ‘Etiology unknown’ is the hallmark of psychiatry as well as its bane.” It is obvious that the time for radical changes slowly became ripe during the 1970s. Dr. Spitzer was probably the right man at the right place and the right time. His role in the development of DSM-III and the changes in the diagnostic system is unquestionable and laudatory.

However, it is obvious that there were *others* who pioneered revolutionary changes in psychiatric diagnosis before him, such as Samuel Guze, Donald Goodwin, Robert Woodruff, Eli Robins, George Winokur, Mandel Cohen and many others. To them and their contributions we would like to offer our tribute here. Leaving their contributions out seems not only unfair, but also unscientific and historically and otherwise inaccurate. Such an omission also brings to one’s mind George Santayana’s reminder that, “Those who cannot remember the past are condemned to repeat it.”

## REFERENCES

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2. Feighner JP, Robins E, Guze SB, Woodruff RA, Jr, Winokur G, Munoz R: *Arch Gen Psychiatry* 1972; 26:57–63
3. Woodruff RA, Jr, Goodwin DW, Guze SB: *Psychiatric Diagnosis*. New York, New York: Oxford University Press, 1974

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