

### 1: Sun - Bob's Calculators and Slide Rules

*Esser's account is preceded by a look at his and his family's connections, added to by an account of newspaper campaigns against him, and completed by an examination of his Cameroon collection, which he gave to the Linden Museum in Stuttgart.*

The DSM can be used clinically in this way, and to categorize patients using diagnostic criteria for research purposes. Studies done on specific disorders often recruit patients whose symptoms match the criteria listed in the DSM for that disorder. An international survey of psychiatrists in sixty-six countries compared the use of the ICD and DSM-IV; it found the former was more often used for clinical diagnosis while the latter was more valued for research. Please help improve this article by adding citations to reliable sources. Unsourced material may be challenged and removed. December Learn how and when to remove this template message

The initial impetus for developing a classification of mental disorders in the United States was the need to collect statistical information. The first official attempt was the census , which used a single category: Three years later, the American Statistical Association made an official protest to the U. House of Representatives , stating that "the most glaring and remarkable errors are found in the statements respecting nosology , prevalence of insanity, blindness, deafness, and dumbness, among the people of this nation", pointing out that in many towns African-Americans were all marked as insane, and calling the statistics essentially useless. Edward Jarvis and later Francis Amasa Walker helped expand the census, from two volumes in to twenty-five volumes in Wines used seven categories of mental illness: These categories were also adopted by the Association. This included twenty-two diagnoses and would be revised several times by the APA over the years. This moved the focus away from mental institutions and traditional clinical perspectives. A committee headed by psychiatrist Brigadier General William C. Menninger developed a new classification scheme called Medical , that was issued in as a War Department Technical Bulletin under the auspices of the Office of the Surgeon General. This nomenclature eventually was adopted by all Armed Forces", and "assorted modifications of the Armed Forces nomenclature [were] introduced into many clinics and hospitals by psychiatrists returning from military duty. The foreword to DSM-1 states this "categorized mental disorders in rubrics similar to those of the Armed Forces nomenclature. In , the APA committee undertook a review and consultation. The structure and conceptual framework were the same as in Medical , and many passages of text were identical. A Psychoanalytic Study of Male Homosexuals , a large-scale study of homosexuality by Irving Bieber and other authors, was used to justify inclusion of the disorder as a supposed pathological hidden fear of the opposite sex caused by traumatic parentâ€”child relationships. This view was very influential in the medical profession. A study published in Science by Rosenhan received much publicity and was viewed as an attack on the efficacy of psychiatric diagnosis. It was published in , listed disorders, and was pages long. It was quite similar to the DSM-I. The term "reaction" was dropped, but the term " neurosis " was retained. Symptoms were not specified in detail for specific disorders. Sociological and biological knowledge was incorporated, in a model that did not emphasize a clear boundary between normality and abnormality. In reviewing previous studies of eighteen major diagnostic categories, Fleiss and Spitzer concluded "there are no diagnostic categories for which reliability is uniformly high. Reliability appears to be only satisfactory for three categories: The level of reliability is no better than fair for psychosis and schizophrenia and is poor for the remaining categories". The activists disrupted the conference by interrupting speakers and shouting down and ridiculing psychiatrists who viewed homosexuality as a mental disorder. At the conference, Kameny grabbed the microphone and yelled: Psychiatry has waged a relentless war of extermination against us. You may take this as a declaration of war against you. Anti-psychiatry activists protested at the same APA conventions, with some shared slogans and intellectual foundations. After a vote by the APA trustees in , and confirmed by the wider APA membership in , the diagnosis was replaced with the category of "sexual orientation disturbance". The revision took on a far wider mandate under the influence and control of Spitzer and his chosen committee members. There was also a need to standardize diagnostic practices within the US and with other countries after research showed psychiatric diagnoses differed between Europe and the US. The

criteria adopted for many of the mental disorders were taken from the Research Diagnostic Criteria RDC and Feighner Criteria , which had just been developed by a group of research-orientated psychiatrists based primarily at Washington University in St. Other criteria, and potential new categories of disorder, were established by consensus during meetings of the committee, as chaired by Spitzer. A key aim was to base categorization on colloquial English descriptive language which would be easier to use by federal administrative offices , rather than assumptions of cause, although its categorical approach assumed each particular pattern of symptoms in a category reflected a particular underlying pathology an approach described as " neo-Kraepelinian ". The psychodynamic or physiologic view was abandoned, in favor of a regulatory or legislative model. A new "multiaxial" system attempted to yield a picture more amenable to a statistical population census, rather than a simple diagnosis. Spitzer argued "mental disorders are a subset of medical disorders" but the task force decided on the DSM statement: It introduced many new categories of disorder, while deleting or changing others. A number of the unpublished documents discussing and justifying the changes have recently come to light. A controversy emerged regarding deletion of the concept of neurosis, a mainstream of psychoanalytic theory and therapy but seen as vague and unscientific by the DSM task force. Faced with enormous political opposition, the DSM-III was in serious danger of not being approved by the APA Board of Trustees unless "neurosis" was included in some capacity; a political compromise reinserted the term in parentheses after the word "disorder" in some cases. Additionally, the diagnosis of ego-dystonic homosexuality replaced the DSM-II category of "sexual orientation disturbance". It rapidly came into widespread international use and has been termed a revolution or transformation in psychiatry. However, according to a article by Stuart A. Twenty years after the reliability problem became the central focus of DSM-III, there is still not a single multi-site study showing that DSM any version is routinely used with high reliability by regular mental health clinicians. Nor is there any credible evidence that any version of the manual has greatly increased its reliability beyond the previous version. There are important methodological problems that limit the generalisability of most reliability studies. Each reliability study is constrained by the training and supervision of the interviewers, their motivation and commitment to diagnostic accuracy, their prior skill, the homogeneity of the clinical setting in regard to patient mix and base rates, and the methodological rigor achieved by the investigator Categories were renamed and reorganized, and significant changes in criteria were made. Six categories were deleted while others were added. Controversial diagnoses, such as pre-menstrual dysphoric disorder and masochistic personality disorder , were considered and discarded. Further efforts were made for the diagnoses to be purely descriptive, although the introductory text stated for at least some disorders, "particularly the Personality Disorders, the criteria require much more inference on the part of the observer" p. The task force was chaired by Allen Frances. A steering committee of twenty-seven people was introduced, including four psychologists. The steering committee created thirteen work groups of five to sixteen members. Each work group had about twenty advisers. The work groups conducted a three-step process: Some personality disorder diagnoses were deleted or moved to the appendix. The diagnostic categories and the vast majority of the specific criteria for diagnosis were unchanged. The first axis incorporated clinical disorders. The second axis covered personality disorders and intellectual disabilities. The remaining axes covered medical, psychosocial, environmental, and childhood factors functionally necessary to provide diagnostic criteria for health care assessments. The DSM-IV-TR characterizes a mental disorder as "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual [which] is associated with present distress It states "there is no assumption that each category of mental disorder is a completely discrete entity with absolute boundaries dividing it from other mental disorders or from no mental disorder" APA, and The categories are prototypes, and a patient with a close approximation to the prototype is said to have that disorder. DSM-IV states, "there is no assumption each category of mental disorder is a completely discrete entity with absolute boundaries" but isolated, low-grade and non-criterion unlisted for a given disorder symptoms are not given importance. For nearly half the disorders, symptoms must be sufficient to cause "clinically significant distress or impairment in social, occupational, or other important areas of functioning", although DSM-IV-TR removed the distress criterion from tic disorders and several of the paraphilias due to their egosyntonic nature. Each category of disorder has a numeric code taken from the ICD

coding system , used for health service including insurance administrative purposes. All psychological diagnostic categories except mental retardation and personality disorder Axis II: Personality disorders and mental retardation Axis III: General medical condition; acute medical conditions and physical disorders Axis IV: Psychosocial and environmental factors contributing to the disorder Axis V: Typical psychosocial influences that are usually listed as having negative impact on life, mentality and health include, but are not limited to: Environmental factors of dysfunction such as those experienced within home, school and work; Social factors such as issues with drug use not diagnosed , enabling friends and conflicts with coworkers; Family complications such as divorce, social service involvement and court ordered placements; Various stressors such as recent accident, natural disaster and other traumatic occurrences i. Severity is based on social communication impairments and restricted, repetitive patterns of behaviour, with three levels: During the revision process, the APA website periodically listed several sections of the DSM-5 for review and discussion. Criticism[ edit ] Reliability and validity concerns[ edit ] The revisions of the DSM from the 3rd Edition forward have been mainly concerned with diagnostic reliabilityâ€”the degree to which different diagnosticians agree on a diagnosis. If clinicians and researchers frequently disagree about the diagnosis of a patient, then research into the causes and effective treatments of those disorders cannot advance. Insel, director of the NIMH, stated in that the agency would no longer fund research projects that rely exclusively on DSM criteria due to its lack of validity. For example, major depressive disorder , a common mental illness, had a poor reliability kappa statistic of 0. The most reliable diagnosis was major neurocognitive disorder with a kappa of 0. It claims to collect them together based on statistical or clinical patterns. If anything, the research has shown the situation is even more complex than initially imagined, and we believe not enough is known to structure the classification of psychiatric disorders according to etiology. A patient who was being administered the Structured Clinical Interview for the DSM-IV Axis I Disorders denied thought insertion , but during a "conversational, phenomenological interview", a semi-structured interview tailored to the patient, the same patient admitted to experiencing thought insertion , along with a delusional elaboration. The authors suggested 2 reasons for this discrepancy: Allen Frances being an outspoken critic of the DSM-5 states that "normality is an endangered species," for the reason of "fad diagnoses" and an "epidemic" of over-diagnosing, and suggests that the "DSM-5 threatens to provoke several more [epidemics]. A psychiatric review noted that attempts to demonstrate natural boundaries between related DSM syndromes , or between a common DSM syndrome and normality, have failed. Cultural bias[ edit ] Psychiatrists have argued that published diagnostic standards relied on an exaggerated interpretation of neurophysiological findings and so understate the scientific importance of social-psychological variables. Although these guidelines have been widely implemented, opponents argue that even when a diagnostic criterion-set is accepted across different cultures, it does not necessarily indicate that the underlying constructs have any validity within those cultures; even reliable application can only demonstrate consistency, not legitimacy. Robert Spitzer, a lead architect of the DSM-III, has held the opinion that the addition of cultural formulations was an attempt to placate cultural critics, and that they lack any scientific motivation or support. Spitzer also posits that the new culture-bound diagnoses are rarely used in practice, maintaining that the standard diagnoses apply regardless of the culture involved.

### 2: Collections by Subject | National Museum of American History

*Max Esser, a native of Cologne, Germany, played a leading role in the establishment of large-scale cocoa and other plantations in the early stages of Germany's colonial adventures in Cameroon.*

The Collezione Ubaldini consisted of a large number of drawings and prints of varying quality. These two volumes are preserved, although the collection has been dismantled. Signature, "Raphaello Fecit" The drawing is signed "Raphaello fecit. The signature has been crossed over and a reattribution has been added: Verso, Adoration of the Shepherds, attribution possibly ca: In the letter Raphael wrote: Marcantonio Raimondi followed almost line for line the pen and ink hatchings, which spread much more consistently over the figures than in earlier compositional drafts. In many of his sketches, Raphael used and reused the staff in his studio as references. These models, or garzone, were not always featured in the final versions of the painting, as is evident in the Borghese Deposition study currently in the British Museum, suggested to be from around This garzone does appear to be used in Adoration of the Shepherds. This same garzone, identified by his distinct nose and ear, his beard, his hairstyle, and his clothing, may be carrying the torso of Adonis in the drawing Death of Adonis, from ca, in the Ashmolean Museum. They share a similar nose, beard, and headband. On the verso side of this drawing, referred to as Adam Tempted, is a sketch of an infant reclining backward and resting on his left arm, while lifting his right arm. In the Adoration of the Shepherds, the child is awake, with his face turned towards the Virgin. Her hand is at her bosom instead of supporting his head. They talk with each other, and Joseph takes an active role in directing them. Later in the 16th and 17th century a number of artists use a similar portrayal of the adoration, including the presentation of one kneeling shepherd and one stepping into the picture. An Adoration of the Shepherds currently in the Pitti Palace, attributed to Titian and dated to around, uses this new design. Its portrayal is similar in design, including the posture of the Virgin with her hand on her bosom. The active composition of the design is very different from designs of the period. It can be argued that this design is related to the Raphael Rooms in the Vatican, as some of the compositions in the Adoration of the Shepherds occur in those compositions. It can also be argued that many of the features of this drawing belong to the traits of the early 16th century. Raphael used a goldfinch perched in the tree in Madonna and the goldfinch, currently in the Uffizi Gallery and dated to However, after the early 16th century Raphael did not appear to use the goldfinch again. Details of the composition including the fully kneeling shepherd, the second shepherd stepping in, the active Joseph, and the Virgin with her hand on her bosom, became common in depictions of the Adoration of the Shepherds later in the 16th and 17th centuries. Raphael Santi, Hodder and Stoughton, , page

### 3: Taxidermy Auction (Cabinet of Curiosities) - Catawiki

*APPENDIX I Status of Prior Office of the Inspector General Audit Recommendations APPENDIX II The Chief Financial Officer's response to the draft report, dated.*

### 4: MDS: | LibraryThing

*Category II Codes allows data to be captured at the time of service and may reduce the need for retrospective medical record review. Uses of these codes are optional and are not required for correct coding.*

### 5: Adoration of the Shepherds (Raphael) - Wikipedia

*Description: African Arts is a quarterly journal devoted to the plastic and graphic arts of Africa, broadly defined to encompass sculpture in wood, metal, ceramic, ivory, and stone, and less familiar work in fiber, hide, mud, and other materials.*

## APPENDIX II THE FETISHES AND THE ESSER COLLECTION AT THE pdf

### 6: Diagnostic and Statistical Manual of Mental Disorders - Wikipedia

*Cameroon Bulu Fetish Mannikin, with Monkey Skull - unknown species - 27cm 20th century - Cameroon - CITES Appendix II - Annex B in the EU More Mummified Whitetail Deer Foetus In custom glazed case - Odocoileus virginianus - 20cm.*

*Psych tests x Draft environmental assessment for W.R. Grace vermiculite mine closure plan near Libby, MT Bodies under siege Origins of Christendom in the West Reference guide for essential oils higley Jokes on lawyers Solution and electrolysis Selected meteorological and micrometeorological data for an arid site near Beatty, Nye County, Nevada, ca Black economic empowerment policy The world and your business doesnt need another you A bill to regulate the celebration of marriages in Newfoundland WCS)Preview of General Chemistry Abridged for Kingsborough CC 2004 Yamaha 85 hp outboard service manual Decoy pattern book Part III: Balancing debts with virtue Unctad Commodity Yearbook, 1993/Sales No B.93.li.D.8 (U N C T a D Commodity Yearbook) Home candy making Faster, smaller, cheaper No Graves As Yet (World War One Novels) Machine generated contents note: Breach 1 Separate from the world Nurses and physicians in transition Audubon Birds Giftwrap Paper (Giftwrap-4 Sheets, 4 Designs) Excess: The Art of Michael Golden The Big Five Personality Factors By Boat (Getting Around) The Florida exiles and the war for slavery Lucy growing up human Participating as producers Forrest gump suite piano First world war history in english Poetical works of Robert Browning (vol. xvii. . The brain 101 in ten minutes Marine control technology Consumer Economics Issues in America, 9e Ncert solutions for class 9 maths chapter 13 Standing On The Promises of God Evaluation, administration of the county sales and use tax, Department of Revenue A library of occidental chronology Minimally Invasive Cosmetic Facial Surgery, An Issue of Oral and Maxillofacial Surgery Clinics*