PERISCOPE

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A communication made to the Congress of Neurologie, in August, 1907. The author gives the following résumé of his conclusions. Old paralyses of the sixth pair (having lasted several weeks or months) leave—the more easily the younger the patient—a convergent strabismus having all the characters of the ordinary strabismus called concomitant. Old paralyses of the third pair—somewhat more rarely as their symptomatology is usually more complex—leaves a divergent strabismus or at least a manifest insufficiency of convergence, absolutely analogous to the divergence called concomitant, for example, as seen in myopic individuals. Isolated paralyses of the fourth pair are too rare to permit us to fix their remote consequences. The remote results just described are found to some extent also in cases in which the loss of motility proper has been recovered from. The excursions of the eyes can be accomplished normally but there remains a strabic deviation and difficulty in associated motion. Deviation is never due to a contracture but always to loss of tonicity in the paralyzed muscle and the action of its antagonist. After a very long time there may be some shortening of this antagonist but never a true contracture. Deviation provokes at first, and aggravates later, the diplopia, and now neutralization of the false image comes into play. This is nature’s method of compensation, but later, if the motor paralysis is cured, the persistence of this neutralization is the cause of the suppression of reflex fixation and prevents the reëstablishment of binocular motility properly called.

Revue de Psychiatrie et de Psychologie Expérimentale

(January, 1908)


1. Delirium of Interpretation.—The characteristics of the delirium of interpretation are that it occurs in lucid, constitutional psychopaths, not mentally enfeebled. The affection is incurable, and is characterized by a proliferation of delusional interpretations which coordinate themselves into a system more or less coherent without notable dependence on sensorial disturbances.

This psychosis has been described by several authors but not isolated by them. Thus it is included in Esquirollo’s monomanie intellectuelle, in Leuret’s arrangeurs, in the paranoia combinatoire of Mendel and Kraepelin, and lastly in the persécutés héréditaires (1878) of Falret, to a criticism of which the authors limit themselves. Falret recognized that certain of his cases did not have hallucinations of hearing nor ideas of grandeur. Ritti subsequently made the same observations calling attention to cases who, while they had great pride, did not have delusional ideas of grandeur. The authors conclude, therefore, that Falret had recognized the delirium of interpretation without specially designating it and undertook only to break up his large heterogeneous group of persécutés héréditaires often spoken of indifferently in accord with the point of view as persécutés raisonnants or persécutés-persécuteurs. From this group the authors separate out the délire de revendication and the psychoses interprétatives symptomatiques.

2. Délire de Revendication.—This psychosis may be defined as a
chronic systematized psychosis constituted by the exclusive predominance of a fixed idea which imposes itself upon the mind as an obsession. It is a monoideism, developing in degenerates, and does not end in dementia. There are two varieties of this psychosis—the egocentric and the altruistic. The first type are usually persecutors, enemies of society, making claims for wrongs suffered that may or may not have some foundation in fact. Here we find the litigants, certain not understood writers and artists, certain hypochondriacal persecutors, amorous types, etc. In the second variety the ideas are abstract, the theories impersonal and concern science, philosophy, politics, religion, etc. In this group are found the inventors, reformers, prophets. They are dominated by altruistic sentiments and far from being persecutors are often generous philanthropists. Often, however, in endeavoring to realize their ideals, they become dangerous fanatics of all sorts—mystics, anarchists, regicides. The diversity of all these forms is only apparent. There exists no real difference between a litigious persecutor and the searcher for the philosopher's stone. Their psychoses are all characterized by two signs: the prevailing idea and the mental exaltation. The difference between this psychosis and the delirium of interpretation is well shown in the beginning. It has for its point of departure a fixed idea, while the delirium of interpretation arrives at a fixed idea only after a prolonged preliminary phase. The differential diagnosis is made difficult by several points they possess in common and also by the existence of combined psychoses or mixed types. The symptoms in common of these two forms are: the exaggeration of the personality, the tendency to mistrust, the permanent lucidity, the absence or rarity of sensorial disturbances, the absence of intellectual enfeeblement, and in some cases the apparent similarity of reactions.

3. Psychoses Interprétatives Symptomatiques.—This psychosis is characterized in the main by two things: the richness of the delirious interpretations and the absence or rarity of sensorial disorders.

This syndrome may appear at the beginning or in the course of the most diverse psychoses, acute or chronic, affective, toxic or degenerative in origin. It will be diagnosed at first as a delirium of interpretation but afterwards will be discovered the concomitant symptoms of the psychosis of which it is a part. It may be found associated with melancholia, the periodic insanity of degenerates, alcoholism, psychasthenia, senile dementia, dementia praecox, paranoid dementia and the délire chronique of Magnan.

(Febuary, 1908)

2. States of Satisfaction in Dementia and Idiocy. Maurice Mignard.

1. Mental Alienation in Prisons.—This inquiry was carried on as a questionnaire and from the information received the author reaches the following conclusions:

1. The presence of insanity in the prisons.
2. The frequently prolonged stay of the prisoner before his malady is recognized.
3. The insufficiency of the ordinary medical service of prisons, because of a more or less complete absence of psychiatric knowledge by the physicians, to make an early diagnosis of mental disorder in the prisoners.
4. The utility of an institution analogous to that created in Belgium, in 1891, under the name of “prison service of mental medicine,” which provides for a quarterly inspection of the prisoners by three alienists.
5. The advantages that would result from the generalization of this institution.

2. The Satisfied.—A short article reporting a single case in an idiot. The author comments on the frequency with which mental states of sadness have been studied and the rarity of studies of states of happiness. He thinks feelings of well-being are indicative of a more serious condition than feelings of mental pain, which latter are so often encountered at the beginning of psychoses in transitory mental disorders.

(March, 1908)

1. The Instruction of Nurses in Asylums for the Insane of the Seine. H. Cohn.

1. Instruction of Nurses in Asylums.—A description of the course for training nurses in the asylums of the Seine. Of local interest only.
2. Cerebrospinal Fluid.—The cerebrospinal fluid was examined post-mortem in twenty-nine cases. The authors conclude: The cerebrospinal fluid of the deceased insane frequently contains bacteria. The little influence of the time elapsed since death up to the planting of the fertile cultures is held to prove that the infections are in reality agonal and that the multiplication of the bacteria in the liquid is very slow. The divergent varieties of staphylococcus are the habitual agents of these infections. It will be very difficult and probably even impossible to establish a relation between the nature of the cadaveric infection observed in the cadaver of an insane person and the nature of the mental affection of which he presented symptoms before death.
3. Chronic Systematized Psychosis.—A case history thought worthy of publication because of the two symptoms mentioned in the title, viz., a chronic systematized delirium maintained by errors of interpretation.

White.

Allegemeine Zeitschrift für Psychiatrie

(Band 64. Heft 6. 1908)

3. Testing of Intelligence in Epileptics and Normal Individuals by the "Witz" (Joke) Method. Rudolph Ganter.
4. The Internment of Insane Criminals. Kroemer.

1. The Abnormalities of the Ascendants in Relation to the Descendants.—A statistical study based upon the records of twelve German and Swiss Asylums, eleven public and one private. Unsuitable for abstraction.
2. Genesis of a Sexual Abnormality in a Case of Kleptomania.—An interesting account of the case of a woman degenerate upon an hereditary basis, who all her life had been possessed of an irresistible desire to steal, had been many times imprisoned, in consequence, and was finally committed to Herberge. At twelve years of age, while being chastised by her mother upon her exposed nates, in consequence of a theft, she ex-