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Concept of paranoia vera

Clarence R. Osborn
University of Nebraska Medical Center

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Senior Thesis
A Concept of Paranoia Vera
C. Robert Osborn
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PREFACE

It is my purpose in this paper to take up the study of Paranoia Vera giving special attention to those portions dealing with the mental changes leading to the development of this condition and giving some case histories with explanations.

I am well aware of the fact that there is much controversy as to whether there is such a malady as Paranoia Vera. This paper is made up for the most part of extracts from the various texts and literature of the time which includes the latest literature written on the subject. The case histories given are taken from the records of one of the State Hospitals for the Insane in Nebraska. They have been diagnosed as Paranoia Vera and I have had the opportunity of personal contact with them.
A. Concept of Paranoia Vera.

**Synonyms.** Chronic Delusional Insanity, Monomania, Reasoning Mania, Progressive Systematized Insanity.

**Definition.**

Keniston (18) defines it as a psychosis of insidious onset; developing gradually on a defective basis; and clinically characterized by the progressive evolution of a permanent system of persecutory and expansive delusions which lead to an immense increase of the ego, and in many cases to a distinct change in personality, retrospective falsification of memory, explanations, hallucinations in some cases; but without clouding of consciousness, incoherence, or deterioration except in judgement, which is biased by the delusions. It is a distinct entity—a continuous process.

Mc Iver and Butterworth (7) define it as a slowly progressive psychosis of adult life said to be founded on an hereditary basis, characterized by an elaborate well systematized group of persecutory delusions which later become transformed into delusions of grandeur.

Buckley (6) says it's fundamental symptom is delusion. The condition is characterized by its gradual development of a system of fixed ideas,
without apparent involvement of the process of coherent thought.

Bianchi (2) states that true paranoia is a constitutional malady that has its foundation in an anomalous psychopathic structure, generally developmental and it is evolved in many cases on a fixed method, which in its historic totality, give to the paranoia an aspect that is perfectly recognizable.

History of the Paranoid Condition.

The recognition of insanity and the application of therapeutic principles is replete with mysticism, cruelty and bloodshed, following through the ages with religious beliefs and emotionalism of the people and slowly forging its way from darkness to the light of the twentieth century. Pike (23)

We find from studies of hieroglyphic records from the tombs of Egypt that at the prehistoric time, the obscurance of human intellect did not escape the keen perception of the priests who treated the mentally afflicted in one of two ways. If they believed the spirit to be an evil one it must be driven out by the most active religious procedures and the patient is compelled to pass through heroid ordeals. If they believed them good they treated the sufferer with deference and at times believed them inspired.
It is a frequent belief, that, when among the individuals of a savage race one is to be favored with the stigma of insanity he is more apt to be priest or medicine man than not. Wright (30).

The term Paranoia is even Pre-Hippocratic who speaks of it as being a kind of thinking which was common to a number of psychotic pictures. The word is met in Plato, in Aristophanes, And in Aristotle. Artaeus seems to be the last of the ancients to use the word.

It next appears in the middle of the eighteenth century as playing a role in psychiatric terms. It's specific collective name first occurred in 1764 when Vogel applied it to nine different diseases. In 1772 Vogel employed it in two different ways, as synonymous with insanity and also he tried to create more specific trends. Jelliffe (13).

Toward the end of the last century it was believed that the essence of the disease was in more or less isolated disturbance of understanding. There was a better developed concept among the French who clarified the psychology of the delusions, but could not exclude Dementia Praecox and sought classification according to the content of the delusion. It's first application in it's modern sense is due to Mendel 1881. Bleuler (3).
Prevalence.

At one time from seventy to eighty per cent of all hospital cases were diagnosed paranoia. Since the work of Kraepelin in 1904 one per cent have been diagnosed paranoia and after farther study of the one per cent some belong to other groups and some of the rest were dubious. Abbots. (1).

Pollack and Furbush (24) list the diagnosis that was furnished from 72 state hospitals in 1919 and 1920 and found the following.

<table>
<thead>
<tr>
<th>Distribution</th>
<th>1919</th>
<th>%</th>
<th>1920</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizoid</td>
<td>1742</td>
<td>11.4</td>
<td>2550</td>
<td>12.1</td>
</tr>
<tr>
<td>Art. Sol. Cerebral</td>
<td>844</td>
<td>5.5</td>
<td>1350</td>
<td>6.4</td>
</tr>
<tr>
<td>S. P. I.</td>
<td>1514</td>
<td>9.9</td>
<td>2219</td>
<td>10.6</td>
</tr>
<tr>
<td>Alcoholic</td>
<td>703</td>
<td>4.6</td>
<td>476</td>
<td>2.3</td>
</tr>
<tr>
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<td>2269</td>
<td>14.8</td>
<td>3366</td>
<td>16.0</td>
</tr>
<tr>
<td>Invol. Melanch.</td>
<td>453</td>
<td>3.0</td>
<td>683</td>
<td>3.3</td>
</tr>
<tr>
<td>Dementia Praecox.</td>
<td>4280</td>
<td>28.0</td>
<td>5676</td>
<td>27.0</td>
</tr>
<tr>
<td>Paranoia &amp; Paranoic</td>
<td>266</td>
<td>1.7</td>
<td>594</td>
<td>2.8</td>
</tr>
<tr>
<td>Epilepsy.</td>
<td>464</td>
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<td>580</td>
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<tr>
<td>Psychoneurosis</td>
<td>272</td>
<td>1.8</td>
<td>435</td>
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<td>1.4</td>
<td>492</td>
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<tr>
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<td>508</td>
<td>3.3</td>
<td>680</td>
<td>3.2</td>
</tr>
<tr>
<td>Other Psychosis</td>
<td>1769</td>
<td>11.6</td>
<td>21012</td>
<td>9.2</td>
</tr>
<tr>
<td></td>
<td>18294</td>
<td></td>
<td>21012</td>
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The following statistics represent the diagnosis made from 2000 unselected cases at one of the State Hospitals for the Insane in Nebraska.

<table>
<thead>
<tr>
<th>Disease</th>
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<tr>
<td>Traumatic Psychosis</td>
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<td>7</td>
</tr>
<tr>
<td>Senile Dementia</td>
<td>11.50</td>
<td>230</td>
</tr>
<tr>
<td>Presenile</td>
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<td>7</td>
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<tr>
<td>Psychosis with Ger. Arter.</td>
<td>5.10</td>
<td>102</td>
</tr>
<tr>
<td>Gen. Par. Of Insane</td>
<td>5.55</td>
<td>111</td>
</tr>
<tr>
<td>Psy. With Huntington's Chor.</td>
<td>.40</td>
<td>8</td>
</tr>
<tr>
<td>With other brain or N. Dis.</td>
<td>.05</td>
<td>1</td>
</tr>
<tr>
<td>Alcoholic Psychosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korsakows</td>
<td>.15</td>
<td>3</td>
</tr>
<tr>
<td>Chronic Alcoholism</td>
<td>2.10</td>
<td>42</td>
</tr>
<tr>
<td>Drugs &amp; other Exog. Toxins</td>
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<td></td>
</tr>
<tr>
<td>Drug Addicts</td>
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<td>3</td>
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<tr>
<td>Unclassified</td>
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<td>21</td>
</tr>
<tr>
<td>With other somatic disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Infectious</td>
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</tr>
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<tr>
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<td>Endocrine Instabil.</td>
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<td>Involuition Melancholia</td>
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<tr>
<td>Dementia Praeox</td>
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<td></td>
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<tr>
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</tr>
<tr>
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<tr>
<td>Simple</td>
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<td>89</td>
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<tr>
<td>Catatonic</td>
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<td>60</td>
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<tr>
<td>Hebephrenic</td>
<td>2.45</td>
<td>48</td>
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<tr>
<td>Paranoia</td>
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<tr>
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<tr>
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<td>With Psychopathic personal</td>
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<tr>
<td>With Mental Deficiency</td>
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<td>67</td>
</tr>
<tr>
<td>Without Psychosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imbicile</td>
<td>1.05</td>
<td>21</td>
</tr>
<tr>
<td>Moron</td>
<td>.10</td>
<td>2</td>
</tr>
<tr>
<td>Idiot</td>
<td>.20</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.00</td>
<td>2000</td>
</tr>
</tbody>
</table>
Etiology.

Paranoia develops on a defective basis or lack from birth up to full development of some one or more important or essential faculties and functions, either mental or physical or both. Buckley says, "I have never seen a paranoiac, where a full and complete history could be obtained, that did not have an hereditary history of drunkenness, neurosis, or actual insanity! Tanzi and Riva found heredity in 77% while 14% they could not be excluded. Keniston (15).

Buckley believes that developing on a neuropathic foundation paranoia is a mental anomaly and arises by a process of evolution as a product of the abnormal emotional temperament. He states that it develops in people who are the possessors of unstable nervous systems. Although it may have it's beginnings in the earlier years of life, it is a mental disorder which appears in its complete form after the mental evolution period is completed and is considered as a product of defective mental organization. Buckley (6).

Bianchi (2) says that the paranoiac person is a weak person who by his mode of thinking and feeling is driven into the world of chimeras on which he expends all the power of his logic and
from which he is incapable of drawing back and so reconciling himself with reality. They may appear at mature age when the struggle for existence is greatest and when the obstacles in the way of the realization of one's desires in life are greater.

King (16) believes that the paranoid is born with paranoid tendencies due to some overdeveloped instinctive impulse.

Peterey (22) thinks that real paranoia is a form of psychopathic personality and is a product of necessity arising from the irritations of the life of the individual. These conflict with the other elements of their existence.

Thus it will be seen that there is a variance in the minds of the various authorities as to the cause of the disease. It is however the general belief that paranoia has its beginning in childhood or at least in early adult life and although it may not be recognized in its incipiency it is nevertheless in the process of formation long before there is any change between the individual and his environment which is noticeable to those who are closely associated with him.

**Mental Process Concerned.**

The paranoid develops a delusional system which becomes more and more intricate as he gets
older, which involves him more and more deeply, which forces, as it were, conceptions more and more from every aspect of his mental life, until he finally lives continuously in his delusional system. White (29)

It is the belief of Bianchi (2) that there is an intellectual disturbance through which the personality undergoes a slow transformation in relation with the outside world. This is induced by false products of thought and although the logical process in the structure of thought is preserved, and the thoughts are assumed to be the rule thus giving rise to alterations in the relation of the individual with the environment. When a man accepts as a reality a false product of his own thought it shows a great anomaly in the formative process of thought or it alters primarily the perceptive powers and processes giving rise to illusions and hallucinations. The false ideas become assimilated with the conditions of the consciousness and lend their tone and an emotive and determinative character of their own. They impress on the sensory function and the perceptive function the work that serves for their future development, disintegrating the old personality and reconstructing a new personality
of which they are the essence. The emotions are the fundamental and primary factor. The fundamental emotions in paranoia are suspicion, vanity, pride, fear, fear of injury, and destruction, desire of exhaustion and of grandeur of one's ego. These primary emotive states determine currents and orders of ideas and actions in the evolution of the personality. When these emotive states exceed the normal in intensity and persistence they exert absolute domain over consciousness until there is an alteration of perception and apperception processes that insure normal relation between the individual and his environment.

He believes that the fundamental emotions suspicion, love and ambition are attributes of man in his social relations and give rise to three classic forms; the persecutory, the ambitious, and the erotic. The paranoiac person according to this conception is a weak person who by his mode of thinking and feeling is driven into the world of chimeras on which he expends all the power of his logic and from which he is incapable of drawing back and so reconciling himself with reality.

According to the conception of Buckley (6) it is the product of defective mental organization.
The subject is the possessor of a peculiar habit of thought which results in the individual reaching conclusions by the shortest route of reasoning, conforming to that which in the normal mind is known as prejudice. To this is added an egotistic and suspicious personality together with an active imagination and emotive reactivity. The peculiar emotional trend which the individual habitually carries in his thought mechanism according to this conception prevents him from arriving at sound judgements by reason of the fact that he is not permitted to consider certain elements which may be essential to a reasonable conclusion.

Brunswick (5) says it is typical of this disease that patients seize on actual facts, distort them and react pathologically to them.

The conception of Isham (12) is that the delusions of grandeur or persecution are founded on real fact, wrongly interpreted, but develops into a coherent and plausible whole and can be most ingeniously explained by the patient.

Retif (25) states the William James theory in which he remarks that the personality of a child is at birth a bundle of tendencies, some of which will be reinforced and others inhibited by surroundings and circumstances. In life one develops a single character since he is compelled to give up many other possible ones. One may at
the threshold conceive all these opposed characters as being equally possible but to develop one means that the others must be more or less suppressed. From this time on all other ego's evaporate, all the reality is for the chosen ego. Under the cloak of the social ego the primitive exists to a greater or less extent. Under certain circumstances this ego may become restored intigrally transforming for a time the personality of the child or even the adult. There are two important circumstances according to this concept i.e. play and reverie.

The contents of these ideas vary with the age. Between 3-15 years ideas of wealth predominate. At puberty sexual dreams are present. 70% of the reverie contains ideas of grandeur. Reveries of grandeur develop as direct manifestations of self feeling when the psychological tension or attention to life are relaxed. There are those according to this who transform the reality and conceive themselves to be what they are not. Furthermore it is stated that the prevalence of an effective state is the initial condition in the developement of delerious ideas in a majority of the psychosis. The genesis of ideas of persecution cannot be explained according to this theory unless there exists a distressing sentiment capable of suggesting them.
Another aspect is furnished by Sauthoff (26) who says that every individual forms an opinion of himself in relation to his surroundings. He also believes his neighbors have a certain regard for him. If something happens to detract from his self respect he at once tries to correct matters. The greater his self-love the more difficult it will be for him to make allowances for the demands of others or to overlook the encroachments and the greater will be his chances for failure of readjustment. A person's pride may demand explanation and find it by saying people do not treat him right, he develops delusions of persecution. In this way he saves himself from the painful realization that he was not as deserving as he had thought. All this disturbance and this self-regarding sentiment is important because it involves the instinct of self-preservation.

Yet another thought is added by Brill (9) who quoting from the works of Freud makes the statement that the paranoid character lies in the fact that a reaction to a defense mechanism against a homosexual wish phantasy there results a delusion of persecution. As analysis shows that paranioacs endeavor to defend themselves against asexualization of their social feelings, the
assumption faces itself that the weak parts of their development is to be found in the parts between autoeroticism, narcissism and homosexuality. The paranoiac builds again with his delusions a new world in which he can live. Brill also quoting from Freud says that the transformations of love into hatred, of tenderness into hostility which is true of all cases of paranoia takes place by means of the union of cruelty with the libido. Payne (21) also quoting from Freud states that every stage in the development of psychosexuality affords a possibility for fixation.

**Evolution of the Delusional System**

Buckley (6) believes it is difficult to determine when the disorder first becomes manifest. The gradual unnoticed exaggeration of the individuals mental traits, covering a number of years usually does not attract the attention of those around the patient. He believes there is a long prodromal period in which the symptoms may be indefinate. During this phase there is no disturbance in memory and the reasoning power is not greatly impaired. The mental condition may be apparent after the occurrence of a physical disturbance or may seem to follow a period of mental stress. With the development of the hypochondriacal notions the
patient loses his usual ambition and energy for work.

He now becomes still more seclusive and begins care-
fully to study his own sensations, thoughts and
aspirations. He is apt to misinterpret ordinary
every-day events. His actions may be accounted by
his friends at this time as being queer.

Perception is primarily unaffected. On account
of his suspicious attitude ordinary sounds of the street
may be interpreted as directly intended to annoy him.

There is a slowly developing system of coherent
delusions with preservation of orderly arrangement of
the processes concerned in thought and behavioristic
reactions. Gradually fragments
are pieced together to form a delusive system having as it's foundation the attitude of an individual who is the object of maligning influences which follow him at every turn. At first he is non-communicative. He may mention them to his closest friends. When he finds no one shares his beliefs he rarely mentions them during the stage of subjective analysis. He spends most of his times dwelling on his disturbances. He may regard himself as the victim of a serious disease, that his mind is being tormented by others with the object of destroying his health and his reason.

Persectutory ideas now become manifestly more definite and he may arrive at the conclusion that the church, the masons or some other order are at the bottom of his trouble.

For a time he tries to avoid supposed enemies by traveling from one place to another. Belief is only temporary however. Sooner or later the fact that his persecutors have followed him becomes manifest. He is now on the defensive as he is not able to place the responsibility for his persecution.

This phase continues for long periods. Eventually there appears signs that he is entertaining expansive and grandiose ideas which center about a feeling of self-importance. He finds out through dreams, visions or other means that he is a center of attraction on account of his superior qualities.
Be reasons that if he is so widely persecuted it must be generally known that he is a great personage, that he must have been chosen to fulfill an important place in the world, that he is possessed of divine qualities.

Emotionally there is little manifestation of disturbance until the condition has become more or less fully developed and then there is an abundance of self control. Memory processes show no disturbances in their fundamentals showing however a comingling of the delusive ideas and beliefs with the happenings in the patient's lifetime. The result is a falsification of memory.

White (29) believes that the delusions arise from the mechanism of projection. This means that when an individual of this type has difficulty that he is not able to handle adequately, instead of realising that the trouble is in himself he blames the other fellow. The paranoid uses it to a large extent in solving all of his life problems.

Bianchi (2) says; "I believe it is nearer the truth to divide the evolution of paranoia into three periods.

1. The Prodromal Period.
2. The period of efflorescence.
3. Mental Decladence.
Mc Ever (7) has still another classification in which he divides the evolution into.

1. Period of analytical concentration.
2. Period of delusional explication.
3. Period of transformation of personality.

On this subject Mendel (19) writes his classification.

1. Initial stage. Very insidious and is not recognized unmistakably by friends and relatives of the patient until considerable time after the outbreak. He becomes a recluse and non-communicative. He may be easily excited, disturbed or even violent. His physical health is apparently undisturbed. However there is defectiveness in his sleep.

2. Paranoiac stage. Sometimes he shows his delusions very suddenly. The ideas of persecution become systematized in logical sequence. Sometimes every hint of grandiose ideas is absent, and there is a feeling of mental inferiority. On the other hand the ideas of persecution seem to be lacking and only grandiose ideas seem to exist, yet it may be the first has existed priorly.

3. The stage of Dementia. With the diminution of the energy a state of mental weakness gradually enters, frequently after long decades.
Symptomatology.

The symptoms of this disease have been mostly enumerated previously but to group them more closely together I have placed them under this heading.

1. A lasting unmovable delusional system of persecution. This usually has a clear-cut logical connection. The aspects under which the patient presents himself varies with his religion, his beliefs, his education, the social environments and his preoccupations. Today political struggles, the great forces of nature, the numerous applications of physical and chemical agents, magnetism, suggestion, etc become the point of origin of delirious ideas. From this we recognize several so-called types i.e. The religious type in which the patient finds hints of his true avocation in the bible or in sermons. The litigious type in which they are involved in unfortunate litigations. The persecuted type in which they assume the devil has taken possession of them and The erotic type of which Don Quixote is an example.

In certain directions they have an exaggeration of the readiness of association. They bring a number of entirely indifferent occurrences in relation with themselves. Jokes, smiles, newspaper items, sermons or plays contain certain hostile references. Everything is altered. Things are mislabeled. The
patient begins to review his past life in the light of his present troubles.

Between the event and the interpretation in this self-reference there is usually an intervening latent period of hours, days or years. The normal person works over his experiences subsequently and corrects a possible wrong conception. The paranoid connects his perceptions during the latent period with his delusions and falsifies them in the same direction.

He experiences unpleasant bodily sensations which are correlated with his false ideas and he complains of illness, slights or abuses. He may brood over these until their number and intensity increase, and vague suspicions of intentional persecution become a certainty. Some are controlled by higher powers or are possessed, others are molested for their religion, political influence or high station; they are poisoned, tortured, driven from business. The causes assigned are varied and combined into a perfect mosaic which neither argument or opposition can destroy. Keniston (15)

2. **Expansive Ideas.** These play a prominent role in paranoia. With the transition from vague suspicion to subjective analysis the soil is prepared for expansive ideas and a resultant transformation of personality the seed germinating in an attempt at explanation Keniston (15).
Patients may apply for important offices, propose marriage to exalted personages, write books, promote inventions. Some believe they are divine healers.

3. **Retrospective Falsification of Memory.** results from systematization and explanation of the events of their past life into the delusions. Insignificant occurrences of earlier life are magnified and brought into logical relation to their present condition. To some their future greatness was foreboded by events apparently trivial but whose real importance should have been recognized at the time when they might have assumed their proper rank and thwarted the machinations of their enemies. They consider themselves president, commander-in-chief, statesman, saint, prophet, millionaire or vastly superior to their acquaintances and exalted above them. Keniston (15).

4. **Personality** is in keeping with the delusional state. To all outward appearances it may be preserved almost intact.

5. **Hallucinations** are very few if any. If present they are usually auditory.

6. **Train of thought** is well ordered and well educated persons show great acumen. Their deductions are found to be coherent. They show retention for many years of the power of thinking logically on subjects other than those which
touch their own false impressions.

7. Judgement shows considerable weakness since it is biased by delusions and there is a marked Inaccessibility to reasoning and arguments.

8. Perception is usually keen but is often distorted.

9. Orientation is always normal and consciousness is clear.

10. Memory is good except for false interpretations of past events which fortify their delusions.

Diagnosis.

This is based on the slow onset and course, the coherence, the systemitized delusions of persecution, falsification of memory, the change of personality and the absence of the clouding of consciousness and deterioration of the processes of thought for many years.

Differential Diagnosis.

1. From Manic Depressive psychosis with delusions it is differentiated by the greater emotional instability of the hypomanic state.

2. From the paranoic type of Dementia Praecox it is differentiated by signs of progressive emotional and intellectual deterioration and of hallucinations. White (29).

Conduct of the Patient.

He may be so well ordered that for some time
no suspicion of insanity is entertained. They early are eccentric. One may leave place after place in various towns because he could get no redress for his wrongs. Some may be imprisoned for assaults. Some air their grievances in the press, some appeal to authorities for protection, others write dignitaries politicians, or actresses. Many adopt disguises for protection but they cannot elude their enemies.

Some are capable of productive work for years. The very nature of the disease tends to keep them out of institutions. It is the rule in cases seen in institutions to find that they have been successful along certain lines up to a certain point in their lives when their delusions begin to interfere.

They will not and can not take advice, meet all objections with an incredulous superior air and their convictions remain unshaken. When finally they succeed in an explanation they become dangerous to a community. Often the first revelations come from a homicidal attack. Their correspondence is usually voluminous.

Butterworth and Mc Iver (7) believe that in the hands of fate some individuals in the presence of a favorable environment become great men.

Course.

This is a disorder of a lifetime. There is
deterioration of a certain in that the delusions grow. As the years go by more and more incidents having causal connection with his delusions occur and these become more and more trivial. His judgement and reason grow less and less. Buckley (6) thinks there are periods of remission.

**Prognosis.**

There is an indefinite period when the delusions become fixed. The patient's distance from this line pronounces the prognosis.

**Treatment.**

Early recognition of a paranoid personality leads to successful treatment; Correction and training. Butterworth and Mc Iver (7).

Hoch (11) in quoting from Stedman says he believes regular friendly and explanatory talks answering questions and endeavoring to set him right and satisfying such of his minor demands as were not wholly unreasonable was helpful. A certain number may be improved by careful therapeutic measures.

There is little or no hope for any paranoid who is confined to a large institution without individual attention and prescribed work and play.
Clinical Histories.
Case I.  C.A.M. Age about 70 yrs. Adm. 6-10-31

There is no other information concerning her known except the statement in the commitment papers; Changes in character; Loked herself in her room at the K---- Hotel about a week ago. Would admit no one. Nothing to eat but some partly spoiled food. Necessary to break open door to get her out. Delusions; Thinks she has much property and that others are trying to get it. Thinks she is acquainted with business men in H----, who do not remember having ever seen her. Thinks her relatives are wealthy and will give her all the money she needs, also that she has land that is valuable as oil land. Hallucinations; unknown. Changes in gait, speech and writing; Talks constantly disconnectedly and under great stress apparently. She will not lie on, or sleep in a bed; will not drink or eat from a vessel that someone else has ever used. Says it is done on the advise of a friend.

Family History. Father dead. Mother dead of pneumonia. Patient has three sisters, one living and two dead; two brothers living. States that her parents were from "blue blooded southern stock". States that her sister was killed for her insurance.

Personal History.  C.A.M. was born in Indiana date unknown. Health always good. Injuries; Automobile accident one year ago, since which time she had been
sleeping in a sleeping bag according to Drs' orders.
School History: Finished high school at 18 yrs. Had no trouble with school work. Residences; Has lived in numerous places. Occupation: Worked at home after finishing school until marriage, as housewife for from three to four years and since that time has run a boarding club, sold groceries on the road, worked as bookkeeper in a cleaning establishment, owned a clothing manufacturing establishment, and for the past twenty-five years has distributed book covers and hotel registers of her own invention.
She has been married twice, first at 17 which was annulled. Married again at 18 and was separated 3-4 years later. Her husband drank and gambled. She has no children. No suicidal, homicidal or criminal tendencies.

Mental Status. She believes she has been persecuted by Mr. Slocum, for a number of years. She first came in contact with him when she was running a boarding club in M----. She states that he was a "roustabout", and was one of an alcohol and drug ring or syndicate. He was at that time attending law school at the Uni. of M----.
She noticed that her furnace began to smoke continuously and having a repair man to see it, was told that the pipe was too short. Later she found it was Slocum, who at that time was eating at her establishment, who had disconnected it.
He hoped to break up her business. She rented another house. She stated that Slocum called for her one day, telling her that the owner of the other house wanted her to see the house before she moved. On arrival at the new house Slocum told her the owner was upstairs. Slocum went to the basement and sneaked up the back stairs as she was ascending the front stairs. On arriving upstairs she found moone present. While writing in one of the upstairs rooms Slocum sneaked up behind her barefooted, and with a knife in his hand, grabbed her and told her he would kill her. She screamed and he found it necessary to throw the knife away and choke her. He continued until her tongue hung out on the sealskin coat she was wearing. She stated that she was dead. Following this he promised to leave the house but she was unable to make him leave. One night she was sitting in her back parlor reading. She heard a noise and found Slocum sneaking up on her in a naked condition. With the aid of a chair and her dog she was able to repulse him and succeeded in getting him out of the house.

Following this incident, she met him at various times on the street. On one of these occasions he said, "Suppose I push you under that street car. No one will know that I did it". Later her roomers began to leave for some unaccountable
reason. She believes it was due to the influence of Slocum. She rented her house to someone who she later suspected was one of Slocum's gang. She states they tried to send her to an ammamand a house of ill-fame. She believes Slocum tried to poison her. He came into her house, took a bottle of poison, placed it on the table beside a glass, and with a paper and pencil wrote the statement that she was committing suicide and that she was his mistress. Then he tried to force her to drink the poison but she was able to avoid him, but he knocked her down and walked from the house as though nothing had happened. She took the matter up with a lawyer who advised her to return the following day. When she returned she saw Slocum in close conference with the lawyer. As she entered the door it automatically closed and locked itself behind her preventing her retreat. There was a revolving bookcase in the center of the lawyer's office and when the lawyer offered her 25$ not the blackmail Slocum who went to the bookcase and began throwing law books at Slocum and the lawyer, and began to scream. She was able to hit one of them at every throw. She says she held the law on them until the lawyer was forced to open the door for her. When she got out side of the door, the biggest criminal lawyer in M--- hearing the commotion came into the hall and asked her what her trouble was. After telling
him of her persecution he immediately began suit against Slocum. Because of some crookedness, Slocum was released. She believes Slocum's lawyer bought some woman who swore that the patient was an inmate of a house of ill fame and of an asylum. They brought civil suit against Slocum, but he begged to be released until the trial on the plea that he would lose his business. He disappeared the next morning and although search was made for him he was not found for three years. They found him in P----- where he was working for a private detective agency. A week after the trial her house was burned. Slocum did this. She believes Slocum is one of a "dirty gang of crooks" belonging to the Shriners and Catholics, and is one of a political gang. She believes they have been working since the time of Napoleon, and are so systematized that no one can break in. They control the drug syndicate and alcohol ring. She also later discovered that Slocum had forged insurance policies for 10,000$ and 2,000$ and another for an unknown amount in her name, and she believes that Slocum intended to make her his mistress and to kill her for the insurance.

She is the designer of Brownie Suits. She is the instigator of the first police prosecution in N-----, in which several policemen were sent up for seven year periods. She states she owned and operated the N----- Manufacturing Company. They
manufactured clothing and began with two machines. Within one year the P—— Clothing company approached her with an order for 100,000 dozen suits of clothing. Slocum ruined her business by sending one of his gang when she advertised for a partner because her business was too large to handle alone. This man took charge of her business when she was out of the city and when she returns she found that he had sold her business, collected her bills and disappeared.

She next invented a hotel register consisting of a nickel plated frame and ball bearing swivel. Advertisements were placed on the outside, from which she collected revenue. She had no patent. She exhibited this at the Lewis and Clark exposition and it made her thousands of dollars.

Slocum has followed her for the past thirty years continuously from place to place. He has at least 1000 names and changes his appearance at various times. He is one of the gang which robbed the bank at Lincoln, at Hastings and he is also connected with the secret six at Chicago.

She also has some oil property at Calgary Canada. She has spent $8,000$ in building up this property and it is very valuable in oil. For the past thirteen years she has been selling one of her own inventions the Moure's Non-glue book covers. She makes money on the advertisements and gives the books to libraries or schools.
Stream of Mental Activity. Speech is spontaneous very over-productive. She cannot be distracted from one line of thought. Emotional reaction shows that she is much disturbed over her fancied persecutions. Remote memory is good except for dates. Special memory is good. Recent memory is good. Disorders of volition shows increased psychomotor activity.

Insight and Judgement. Believes she is not mentally ill. Speech shows no motor vocal defects.

Physical Examination. Form is asymmetrical there being marked lordosis and scoliosis. Nutrition is poor Weight 75 lb. Height 4 ft 10 in. Patient shows marked emaciation. Body and Joint Path. Distal phalanges show clubbing. Eyes react to 1 & a. Ears Neg. Nose Neg. Teeth. Three upper teeth are broken off, two lower are broken off. There is much caries and much accumulated food material. Breath is putrid. Glands show no adenopathy. Respiratory system shows the tactile fremitus to be increased on the right side. An area of dullness in right apex. Crackling rales throughout entire chest.

Circulatory system. Heart normal in size and shape Sounds are normal, B.P. 140/100 Rate 92 Arteries are hard and tortuous but compressible. There is no edema and no varicosities. Neurological examination negative. Blood Wassermann negative.
In this case we see an old woman who enumerates a long series of well systematized delusions which are coherent. In her case there is only very slight deterioration if any. There is no clouding of consciousness. There is a falsification of memory which we were able to determine by checking up on some of the answers to the questions we asked of her.

The Differential diagnosis in this case is with Manic Depressive Insanity and Dementia Praecox. In the Manic Depressive state there are well marked periods or remissions in which the patient is entirely normal. This is not so with the case just described. There is also a lack of emotional instability which is shown in the hypomanic states.

To differentiate this from Dementia Praecox let me remind you that there has been very little if any deterioration in the past thirty years of her life. There is an absence of hallucinations in any form and there is an absence of clouding of consciousness which is characteristic of this disease.
Case II.

A. A. Age 67 Admitted 9-23-29. Patient was committed to this hospital by court action. He murdered his wife. He is very obedient and complies with all requests.

Personal History. He was born on December 26, 1862 in Europe. Commenced school when 7 years of age and continued till 14 when he was confirmed. After leaving school he worked in a locomotive factory until he came to America at the age of 18. This was in 1880. He worked in the East for five months as a riveter in a locomotive factory. He then came to Nebraska where he had some relatives. He received 7.50$ per week for his services as a riveter. After coming to this state he worked as a farm hand at first working for his relative for $80 per month. After the first year he received $15 per month. He always got along well and could return and work for any of them again.

He then bought a team and commenced breaking prairie for which he received $2 per acre. Since coming to America he had saved all his money so he bought 80 acres of land for which he paid 7$ per acre. This was in 1882 and at this time he was earning $15 per month. He later traded for a quarter section and gave his 80 and $2,200.

After four years he lost this quarter. He had some cattle and after three years he bought another quarter section. He was married at this time.
He was married in 1891. He kept this land until he moved then sold it and bought the place on which he now lives. This was in 1900.

He states that Martin Ments became too intimate with his wife. One year ago he and his wife went to Martin's home and he has always been suspicious of their actions. He says she was intimate with anyone that came along. He never really caught his wife in a compromising situation but he felt assured that she had been just before he came into the room. On July 28th he shot his wife. This took place in the early morning, and followed a family quarrel. He admitted that he had been accusing his wife of wrong doing and got mad, then he shot her.

He says his health has been poor for the past four or five years. He says his wife was a bad one. When he first met her, she said, "A----, I am in a family way and I want you to marry me." I promised to marry her provided she promise me that she would go straight ever afterwards. This was in 1891. They were married and got along well for 5 years. One day he was away from home for a few hours and upon his return he noticed a cigar stub lying on a cupboard and asked his wife who had been there and she denied knowing anything about it or of anyone being there. He got rough with her, and she acknowledged that someone had been there while he was away. They were
married in October and their first child was born in May. He positively disowns this child. About 21 years ago he listened over the phone and heard two women conversing and among other things they said that there was a peddler at one of the houses and that he was going to the patient's house and have a good time as he (the patient) was away from home. He says that under the circumstances he cannot tell how many of the 15 children belong to him. Only 3 or 5 of them favor him. While relating this last incident he showed evidence of emotion by breaking down and sobbing. About four years ago he got awful mad and gave her a good calling down for her actions.

Later he and his wife went to consult with the doctors. This visit was made mostly for his wife, who had a goiter which later was removed, and while he was there waiting while his wife was convalescing he thought he would be examined, so he went before the clinic and among other things they passed a sound and gave him some medicine to use and told him to return for farther treatment. He got suspicious and afterwards suspected that his wife had some bad disease and that he had contracted it from her. This he admitted was only a suspicion. His wife was 58 years old when she died. He believes the last child who is 12 years old is not his.

His farm is worth $14,990 to $15,000. He believes if he had not married this woman he would be
a wealthy man today. He holds these delusions with
great persistency. He has been inclined to be by
himself for the past four or five years. He said
his wife was always good to him, but he knew that
she would kill him in a very short time. She was
so false to him.

Additional information from his sister and
from some of his neighbors is somewhat conflicting
as to his conduct between the ages of thirty and
sixty. His sister states as far as she knows he was
perfectly normal but that she has not seen him often.
Two of his neighbors state that during the last
few years he has not been normal. Others state that
he has always been erratic, talkative, and excitable.

His sister states that his wife was pregnant
at the time he married her and that he was the father
of the child. The pregnancy never came to maturity.
She also states that no reflection could be cast
on the wife's conduct after her marriage.

At the trial there was no evidence to establish
whether the man was sane or not before he became
afflicted by arteriosclerosis. The writer would
differ from the alienists in the case who testified
that he did not know right from wrong at the time
he committed the crime and substitute the fact
that he felt justified in committing the crime as
a result of his delusions and temper.
Mental Status.

Attitude and General Behavior. Between questions he has a sleepy appearance, but upon speaking to him he comes back to attention. Posture is good. He has no unusual movements. His mental activity seems normal on most subjects.

Emotional Reaction. He has no fear. He used to get mad at times. At times he is somewhat depressed.

Mental Trend. He imagines that he has been persecuted by his wife. He says he had no enemies in the whole country, except his wife.

Orientation. Answers correctly questions as to his present place of residence etc. Recent and remote memory are good. Special memory good.

Insight and Judgement. He does not believe he is insane. He admits he may not have been in his right mind when he committed the crime.

The patient in this instance shows the typical lasting unmovable delusional system of persecution. These have persisted according to his own story for many years, and have been constantly present during the stay in the hospital. There is no evidence of mental derangement outside of the delusional system and his orientation and memory are good. He shows some expansive ideas. His personality is in keeping with his delusional state there are no hallucinations and the train of thought
is well ordered. Although the patient has had these delusions for many years I wish to point out that he has been able to take his place successfully in society until his delusions finally interfered to such an extent that he killed his wife. He does not show the symptoms which are characteristic of arteriosclerosis. There is an absence of any irritability and is not easily angered taking no offense when one attempts to arouse his ire.
Case III.

U.G.W Admitted——-

Two or three weeks ago, the superintendent was called by phone by the postmaster at J———, and informed that he was holding something like 200 letters in envelopes bearing the return address of the anti-eugenic association, I——— Nebr. These letters had been given to a rural carrier out of J——— as he passed by the hospital grounds by some man whom the carrier did not know.

It was intended to go over and investigate the matter, but through carelessness, that was not done and the letters were sent out. Among the replies was one from Clarence Darrow, Chicago, whose letter and reply are on file.

Since then the bundle of newspapers has been received from the New York Times, addressed to the Anti-Eugenic Association, Ingleside Nebr.

The Anti-Eugenics Association, individually and collectively, is U.G.W. His vitriolic style has evidently attracted attention in high quarters. Neither the letter from Mr Darrow nor the papers from the New York Times have been delivered to him. He had without asking permission nor indicating in any way his intentions, ordered printed and received letter heads and envelopes and it was upon this stationary that he wrote his letters. It must
be stated in justice to the patient that these letter heads were very neatly gotten up and by their neatness and evident good form, probably helped very quickly in imposing upon the people to whom they were addressed.

He has committed a number of crimes and been in jail. He talks to himself and imagines people are insulting him. Physical condition is fair except loss of weight. Excessive masturbation.

Patient's main duty is to take care of the north dormitory on the ward, which he does in an exacting manner. He also sees that the patients assisting him in his work do likewise. He is a clever worker in wood and takes great interest in his shop, which he jealously guards and will not allow other patients near it. He is a little inclined to be overbearing and writes numerous letters of complaint to high officials, to which he generally signs some other patient's name. He is able to take a great deal of interest in what is going on on the ward.

This patient shows another of the characteristic symptoms which are commonly found in paranoia besides the fixed delusionary system which he possesses he has expansive ideas believing himself some important personage. He appeals to the authorities for relief from his persecutions. This patient is oriented properly and there is only slight deterioration of
his mental faculties. There is here an absence of hallucinations. The patient is alert and aside from the delusions which he has his mental faculties show slight deterioration. This differentiates the patient from Dementia Praecox. He also shows no emotional changes which are characteristic of the Manic Depressive Psychosis.
Case IV

W.F. Age 57 Admitted 7-19-1930

The patient is married and has 5 children, the eldest 9 years and the youngest 7 months. He is a State Normal graduate and made good progress in school work. He has no property or income, and has recently lost all. Habits are good. No previous attacks. Heredity- One cousin is feeble minded. Has had no venereal disease. He is self assertive, talkative etc. Early development seems to have been practically normal. He has delusions of persecution by officers, courts and others. Cannot find what he has any delusions. He has some suicidal tendencies and has made threats toward others at times. No restrain has been used. He has lost much property during the past ten years and has worried much.

Personal History.

He was born March 23, 1893 and is 57 yrs of age. His health is excellent. He has a right inguinal hernia and has had the bone of his right forearm broken twice.

He doesn't know when he started to school. His brother died when he was eleven and he had to remain home from school. He was in the 7th grade when 24 years old. He finished the State Normal and holds a life certificate to teach in two states.
His certificate was revoked at one time, due to his instructing a girl pupil on the folly of self abuse which he claims she was practicing. His certificate was again issued to him six years later. He has since been a rancher. He homesteaded a section of land and purchased more later, until he had 2,300 acres. He later farmed an irrigated farm for two years then ran a grocery store in his residence. He has also been County Assessor for a number of years.

He states he was gypped out of all his property by a banker, that is why he was sent here. If he had been given a trial several of the officials would have been sent here instead.

Mental Status.

He is a self assured, talkative individual, with very decided opinions. He seems to feel that his opinions are always right. He has delusions of persecution by a banker and other business men, and also thinks that the deflation was a scheme to defraud people of their property.

He admits that he wrote the letter to a judge, in which he accuses the judge of persecuting him. He states that at one time he was worth 90,000 to 100,000 $ and now has nothing, except five lots.

Remote and recent memory are good. Special memory is also very good. He was able to reverse digits correctly, but could not retain the street
address for five minutes. His calculation is excellent.

His insight is fair, he states he doesn't think his mind was any worse than it has been, and he knows he is not the smartest man in the world.

This man has been successful according to his history up to a certain point in his life. At that time his delusions which are well systematized and fixed in his mind overcame him, so to speak, and he began the downhill pull from which he ended in the hospital. These delusions have been present for a number of years and are firmly fixed in his mind and it is impossible to alter them or modify them.
Summary

This condition is more frequent than statistics show but is a relatively rare disease. It may be met with in all walks of life. Many of the cases however are never confined to an institution. The usual picture of patients seen in state institutions is of a person who has attained some degree of success in life. Entrance to the institution came only after the delusions of the patient interfered with life in society. The patient at this time usually has very good mental facilities and reasoning, outside of his delusional system and from casual acquaintance one may not elicit any abnormalities in the individual unless he happens to refer to something that is related to the patient's delusional system.

The course is chronic, the delusions generally gradually increasing the patient tenaciously retaining those he already has and gradually acquiring others.

As these patients are usually elderly when they enter the institution and their delusions unchangable they usually become permanent residents although occasionally the delusions may be altered so that after a time they may be able to cope successfully with society.

Conclusions

1. That Paranoia Vera exists as a clinical entity recognizable by certain definite signs and symptoms.
2. That the paranoid patient is extremely dangerous at large for one is never certain when his delusions may conflict with his environment and cause him to become homicidal.

3. That many paranoid patients are not confined to institutions and are capable of leading a life that is at least compatible with society.

4. That under certain conditions the paranoid may become a great personage and a leader.

5. That paranoia cannot be altered without individual concentrated therapeutic measures which are not usually available during the course of institutional care.
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