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Part I.—Original Articles.

The Presidential Address, on Paranoia, delivered at the Sixty-third Annual Meeting of the Medico-Psychological Association, held in London on July 21st and 22nd, 1904. By R. PERCY SMITH, M.D., F.R.C.P.

IN taking up the office of President of the Association, I wish first of all to convey my thanks to the members for having appointed me to this honourable position, which is at the same time so full of onerous duties, and to assure them that during my tenure of it no effort will be wanting on my part to maintain the honour and interests of the Association. The first onerous duty which is put upon the shoulders of the President is that of giving a presidential address, a duty which I can assure those who have not yet passed the chair involves no small amount of anxious thought and work throughout the year of probation allowed to the President before taking up his office.

The subject which I have chosen for my address to-day is one which does not appear to have been touched upon by former Presidents. It is that of Paranoia—its position as a clinical entity, its relationship to other mental disorders and the consideration of the claim of its supporters that it is to be

regarded as a primary disorder of intellect, in contradistinction to what have been called the affective mental disorders. That this cannot be considered a new subject is true inasmuch as the term "paranoia" has been in use in German literature on mental diseases for the last thirty years, being first used apparently by Kahlbaum in 1874 and as a generic term for systematised delusional states by Krafft-Ebing in 1879 and by Mendel in his article "Paranoia" in Eulenberg's *Realencyclopädie*.

Spitzka, of New York, appears first to have used the word in the English language and adopted it as a preferable term to monomania, in the second edition of his work on insanity published in 1887.

In this country the term "paranoia" seems at first to have been received with little favour, and in fact until the tragic case of King Ludwig II of Bavaria, in 1886, it was little heard of, and certainly the writers of English text-books on mental disease at that time did not make use of the term.

In Dr. Ireland's article on "The Insanity of King Louis II of Bavaria," at page 150 of his work *Through the Ivory Gate*, is to be found a copy of the certificate signed by four physicians as to the nature of the King's insanity, the first paragraph of which was as follows:

"His Majesty is in a far advanced state of insanity, suffering from that form of mental disease which is well known to alienist physicians of experience as paranoia."

Dr. Ireland's book was published in 1889, and in a foot-note he quotes from Séglas as saying that "paranoia is perhaps the one word in psychiatry that has the most extensive but most ill-defined acceptance"; he speaks of it as mainly used by German and Italian physicians and says the paranoia of Snell is not the same as the paranoia of Westphal or of Meynert or of Krafft-Ebing. He offers the following definition: "Paranoia is a mental affection of hereditary origin, generally of a slowly advancing character, with illusions and hallucinations and delusions, often of persecution and grandeur. Sometimes the two varieties of delusions are combined. The emotional faculties are seldom deeply affected, and the logical power is the last to suffer, the patient reasoning acutely from false premises. The mental enfeeblement does not appear to be great. In the chronic form the disease is regarded as incurable.

Some writers will not admit of an acute form of paranoia." In the works of Maudsley, Blandford and Savage the word is not to be found, nor in Bevan Lewis's *Text-book of Mental Diseases* (1889).

In the third edition of Clouston's *Mental Diseases*, published in 1892, there appeared for the first time a short paragraph on paranoia at the end of the chapter on monomania. Again in 1892 there appeared in the *Dictionary of Psychological Medicine* an article on paranoia by the late Dr. Hack Tuke beginning with the sentence "The use of this word has become very frequent in Germany and in the United States, but it has not obtained favour in Great Britain." He defined it as meaning "a condition of which chronic and systematised delusion is the essential sign," referred to it as synonymous with the German Verrücktheit, and pointed to the fact that while Griesinger held that emotional disturbance was the first link in the chain, Koch and the majority of German alienists did not agree with this view. The question of the primary affective or primary intellectual disorder in paranoia, Verrücktheit, or delusional insanity, I shall frequently refer to. The references to paranoia in *The Journal of Mental Science* for the past twenty years are to be found almost entirely in reviews of books and papers published in other countries, with, however, one important exception, namely the paper "On so-called Paranoia" read by Dr. E. L. Dunn of Wakefield Asylum before the Psychology Section of the Annual Meeting of the British Medical Association, held at Nottingham in July, 1892, and published in *The Journal of Mental Science* for January, 1893. He referred to the Greek word "paranoia" as simply meaning madness, and as now being used synonymously with the German "Wahnsinn," and "Verrücktheit" and implying systematised insanity. He gave a review of the history of the recent developments of the paranoia question up to that date, pointing out the initial difficulty that while the term is useful if limited to the class of cases termed "paranoia persecutoria" by German writers and "délire chronique" by Magnan and other French writers, where there is chronic mental disorder, whether associated with neurotic or insane inheritance or not, yet that there is great confusion introduced by the comprehension in this group of acute forms first described by Westphal in 1878 and admitted by Meynert, Amadei, Tonnini and others, although denied by

Krafft-Ebing, Morselli, Tanzi, and Riva. Dunn himself objected to the inclusion of acute forms. With regard to the diagnosis of paranoia from other forms of mental disorder, especially from melancholia, Dunn made the remark "The affective state is always secondary to the delusive, and is the logical reaction to it," thus adopting what I think is one of the fallacies of continental writers with regard to this aspect of the matter. In the discussion which followed, the late Dr. Hack Tuke referred to the time when English alienists were thought behindhand in not adopting the term "Verrücktheit," and that now "paranoia" was substituted for it.

But if English thought moves slowly, it as a rule moves soundly, and I think it will be acknowledged that there has been very good reason for not adopting without much consideration a grouping of cases as to which continental writers are still by no means unanimous.

I well remember being struck by the way in which foreign visitors to Bethlem Hospital between the years 1885 and 1898 were inclined to call a very large proportion of the cases shown to them cases of "paranoia," so that whatever the original conception was, it became evident that there was a danger of the term being applied to most cases in which hallucinations and more or less fixed delusions were present regardless of their history, many acute cases becoming thus grouped together which English observers regarded as not belonging to the same category.

I wish next to refer to the important discussion on the limitation and differential diagnosis of paranoia which took place at the meetings of the Psychiatrische Verein of Berlin, in 1893 and 1894. The full account of this is to be found in the 51st volume of the *Allgemeine Zeitschrift für Psychiatrie*, 1895. To Dr. Cramer, at that time the Assistant Physician of the Eberswalde Landesirrenanstalt, was referred the task of summarising the existing views and drawing up a report on the subject for the purpose of discussion. In Cramer's paper on the "Abgrenzung und Differential-Diagnose der Paranoia," published in the volume referred to, the whole matter will be found to be very fully stated, and I have much pleasure in acknowledging my indebtedness to him for much of the material of this address.

Cramer begins by stating that although there is a fair agreement that mania and melancholia are primarily "Stimmungs-

anomalien" (abnormalities of mood), the different meanings of authors in those psychopathies which do not come into this group are irreconcilable. He refers to Westphal's description of Primäre Verrücktheit (*Allg. Zeitsch.*, Bd. xxxiv, p. 252) and Mendel's article on paranoia, already referred to, as being very clear and trenchant, but says that hopes of unanimity were not fulfilled, because Werner in his monograph on paranoia (Stuttgart: Enke, 1891) writes that now with the introduction of the word "paranoia" a confusion and a host of expressions for the same form of disease have been put forward. Cramer starts by grouping psychoses into:

1. Stimmungsanomalien (mania and melancholia).
2. Paranoia.

His endeavour is to show that all the disorders described under the names "Wahnsinn," "Verrücktheit," "Paranoia," "Verwirrtheit," "Amentia," "asthenisches Delirium," and others have a common characteristic disturbance of mental function.

Cramer gives a very comprehensive summary of the literature on the subject, to some of which we must refer.

He quotes Hoffman ("Ueber die Eintheilung der Psychosen," *Allg. Zeitsch.*, Bd. xix) as understanding by "Verrücktheit" a disease in which a special motive (hallucinations and delusions) affects judgment, feeling, and conduct, and becomes the groundwork of a "Gedankensystem," the disease being free from the internal and external signs of "affect" (disturbance of feeling or emotion).

He quotes Westphal (*Allg. Zeitsch.*, Bd. xxxiv, p. 252) as being the first who spoke of an acute development and course of "Verrücktheit," as recognising Sander's group of cases of "originäre Verrücktheit," as describing a form of "abortive paranoia" characterised by imperative ideas, and as saying that a "formal disturbance of thought may be absent but may increase up to complete confusion."

Westphal further lays down that "the essential in Verrücktheit is the abnormal process in ideation," and that mood, feeling, and "affect" are essentially dependent on the contents of the ideas and sensory delirium. ("Stimmung, Gefühle und Affecte sind wesentlich abhängig von dem Inhalte der Vorstellungen und Sinnesdelirium.")

Cramer quotes Fritsch ("Die Verwirrtheit," *Jahrb. f. Psych.*, Bd. ii, p. 27) as giving to the acute cases the name "Verwirrtheit" (confusion) in contradistinction to Westphal's "Verrücktheit" and essentially different in onset, course, and mental condition from it.

He quotes Meynert ("Die acute hallucinatorische Form des Wahnsinns und ihr Verlauf," *Jahrb. f. Psych.*, Bd. ii, p. 181) as holding that "acute primäre Verrücktheit" differs from primäre Verrücktheit or Wahnsinn in the absence of typical growth from hypochondriacal or persecutory stages, and in the absence of logical growth by reasoning, but is, on the contrary, an acute hallucinatory state with confusion.

Meynert, however, thinks the change of mood to be dependent on hallucinations.

Meynert later (*Klinische Vorlesungen über Psychiatrie*, 1890) elaborates his earlier hallucinatory Verwirrtheit, which he calls by the unfortunate term "amentia," and while distinguishing the fixed delusional conditions of paranoia allows that the latter may often include conditions of exhaustion transitional to amentia.

Schüle (*Klinische Psychiatrie*, 1886) uses "Wahnsinn" as equivalent to paranoia, dividing into acute, chronic, and attonic groups, and holds that both in acute and chronic cases the mood is simply reactive and secondary to hallucinations.

Salgo (*Compendium der Psychiatrie*, 2 ed.) belongs to those who hold that in Verrücktheit there must be psychical weakness associated with systematised hallucinations and delusions, and that acute hallucinatory Verwirrtheit, under which he includes cases of acute delirium, may either be primary or may interrupt the course of chronic Verrücktheit.

Wille ("Zur Lehre von der Verwirrtheit," *Arch. f. Psych.*, Bd. xx, p. 228), again, recognises Verwirrtheit with hallucinations and illusions, and also an "acute paranoia," characterised by systematised and constant delusions underlying the confusional delirium.

Meyser ("Zum sogennanten hallucinatorischen Wahnsinn," *Allg. Zeitsch. f. Psych.*, Bd. xlii, p. 113) uses for both Verwirrtheit and acute paranoia the name "asthenisches Delirium," and includes in it delirium from morphia, chloral, carbonic acid, etc.

Mendel ("Paranoia," *Eulenberg's Realencyclop.*) groups these cases together, calls the disease paranoia, and distinguishes a primary and secondary form: "Die primäre Paranoia ist eine functionelle Psychose die characterisch ist durch das primäre Auftreten von Wahnvorstellungen." With regard to feeling, he says: "Das Fühlen richtet sich nach dem Inhalt der Wahnvorstellungen und ändert sich mit diesen." He objects to Westphal's abortive form of Verrücktheit as belonging to obsessions or imperative ideas.

Mendel divides primary paranoia into simple and hallucinatory, and each of these into acute and chronic. It is necessary to give his conclusions with regard to Paranoia hallucinatoria acuta. It has a prodromal stage, followed by general delirium, with great disorder of consciousness and hallucinations of nearly all senses, rapid flight of ideas and "allgemeine Verwirrtheit" or general confusion.

Mendel's description shows how comprehensive had become the conception of paranoia, as including conditions known to others as confusional insanity and acute delirium.

Werner, on the other hand (*Die Paranoia*, 1891), tried to combine the different views as to paranoia, but entirely excluded "acute Verwirrtheit" (Meynert's amentia).

Kirchoff (*Lehrbuch der Psychiatrie*, Leipzig, 1892), on the contrary, divides paranoia into—(1) Wahnsinn, (2) Verrücktheit, (3) Verwirrtheit, saying that in all paranoia there is systematisation of delusion. Wahnsinn he considers an acute part of paranoia with delusions and hallucinations and marked emotional disorder, while in Verrücktheit the "affect" is only a chance condition. Verwirrtheit he considers only a secondary condition after Wahnsinn and Verrücktheit, and says: "Verwirrtheit may

also show the elements of paranoia before or after their full development, at one time the foundation stones, at another the ruins of the structure."

Serbski ("Ueber die acuten Formen von Amentia und Paranoia," *Allg. Zeitsch. f. Psych.*, Bd. xlviii, p. 329) endeavours to separate amentia acuta from paranoia acuta, but considers it difficult. He claims for amentia—(1) confusion, (2) "affect," either throughout or in certain stages only, (3) disturbance of association, very marked at the height of the disease. He recognises that transient confusion may sometimes be present in chronic primary Verrücktheit.

Schönthal ("Ueber die acute Hallucinatorische Paranoia," *Allg. Zeitsch.*, Bd. xlviii, p. 379) separates Verwirrtheit from acute paranoia as follows:

"Acute paranoia (Wahnsinn) is distinguished from Verwirrtheit by the more detailed structure of the delusions and the greater clearness of mind, as opposed to the more delirious type of the changing delusions and marked confusion of consciousness in Verwirrtheit."

In referring to the works of French authors Cramer gives full credit to the work of Lasègue in describing "délire des persécutions," Morel's description of an early hypochondriacal stage passing into delusions of persecution and grandeur, constituting "folie systematisée," and to the works of Foville, Legrand du Saulle, P. Garnier, Jaquet, and Falret with regard to these states.

He gives also a good summary of the prolonged discussion in the Société Médico-Psychologique of Paris in the year 1888 on the question of the relationship of insanity to degeneration, and the question of establishment of a special form of chronic systematised delusional insanity, to which the name "délire chronique" was given by Magnan, and which he separated entirely from "folie des dégénérés," but without his views meeting with universal acceptance.

With regard to the acute forms included under paranoia by German writers, Cramer quotes Chaslin as claiming that writers in France first described cases which are neither mania, melancholia, nor "délire des dégénérés." He states that Chaslin describes the condition of "confusion mentale primitive" (acute onset, often exhaustive or toxic in origin, with confusion, loss of association, changing emotion or apathy) as synonymous with the following very comprehensive list, in which will be noticed the German "acute primäre Verrücktheit," hallucinatorischer Wahnsinn, Verwirrtheit, mania hallucinatoria, amentia, and paranoia acuta, which we have already referred to.

Chaslin identifies confusion mentale primitive with the following:

1. Démence aigüe (Esquirol, Brierre de Boismont).
2. Stupidité, stupeur (Georget, Delasiauve, Dagonet).
3. Confusion, confusion hallucinatoire (Delasiauve).
4. Délire de depression (Lasègue).
5. Délire d' inanition (Becquel).
6. Torpeur cérébrale (Ball).
7. Acute primäre Verrücktheit (Westphal).
8. Hallucinatorischer Wahnsinn (*v.* Krafft-Ebing).
9. Hallucinatorische Verwirrtheit (Meynert, Fritsch).
10. Verwirrtheit (Wille).
11. Acutes asthenisches Delirium (Mayser).
12. Acuter Wahnsinn (Schüle).
13. Hallucinatorische Verworrenheit (Konrad, Scholz, Solgo).
14. Asthenische und hallucinatorische Verwirrtheit (Kraepelin).
15. Hallucinatorisches Irresein (Fürstner).
16. Dementia generalis oder subacuta (Tilling).
17. Mania hallucinatoria (Mendel).
18. Amentia (Meynert, Serbsky).
19. Dysnoia, polyneuritic psychosis (Korsakoff).
20. Délire sensoriel (Schernschenski).
21. Folie générale (Rosenbach).
22. Paranoia acuta, oder hallucinatoria (different authors).
23. Primary confusional insanity (Spitzka).
24. Acute hallucinatory confusion (Spitzka).
25. Stupor, delusional stupor (Hayes Newington).
26. Acute confusional insanity (C. Norman).
27. Frenosi sensoria acuta (Morselli).
28. Stupidita (Morselli).

Lastly Cramer quotes Séglas ("Le Paranoia, délires systematisées et dégénérescences mentales," *Arch. de Neurol.*, t. xiii), who does not believe that an acute Verrücktheit in Westphal's sense belongs to paranoia, but approaches more nearly to certain melancholic or maniacal conditions, as saying: "Les observations ne nous ont montré aucun caractère pathonomique, qui puisse permettre au moins par un côté de rapprocher cette paranoia aigüe de la chronique, qu'elle soit dégénérative ou non."

Cramer refers but little to English writers, and evidently is

inclined to regard their views as obsolete, and says that Italian writers have either followed the French or the German school.

As the result of his researches Cramer comes to the conclusion that although Wahnsinn, Verrücktheit, and Verwirrtheit (Amentia) must be looked upon clinically as separate disease pictures, they are separated from the simple functional psychoses on the common ground of absence of primary disorder of feeling, and he groups them together as paranoia. He entirely disagrees with Salgo that there is any groundwork of weakmindedness in Verrücktheit, and says that the "Schwerpunkt" of the disorder is a disturbance in the ideational sphere (Vorstellungsphäre). Paranoia is according to him a functional psychosis to be separated from the other great group of functional psychoses with "Stimmungsanomalien."

He acknowledges, however, the difficulty in separating cases of paranoia beginning with subacute course and depressive character, which are very near to melancholia, but begs the question by saying, "These difficulties disappear if one holds firmly to the view that paranoia is a disease of the intellect in which 'affects' only play a secondary rôle." ("Diese Schwierigkeiten lassen sich uberwinden wenn man streng daran festhält dass die Paranoia eine Erkrankung des Verstandes ist, bei der die Affecte eine secondäre Rolle spielen").

Cramer's conclusions are—

1. Verwirrtheit (Amentia), Wahnsinn and Verrücktheit have clinically and genetically a common range of important symptoms.

(*a*) The ground-symptoms, hallucinations, delusions, and incoherence, are genetically nearly related to one another.

(*b*) The predominating symptom of Verwirrtheit, of Wahnsinn, and of Verrücktheit is disease of the understanding (Verstandesthätigkeit).

(*c*) In Verwirrtheit, Wahnsinn, and Verrücktheit the emotions play only a secondary *rôle*.

(*d*) Verwirrtheit (Amentia) may appear symptomatically both in Wahnsinn and Verrücktheit.

2. That the points of differential diagnosis between Verwirrtheit, Wahnsinn, and Verrücktheit do not destroy the common groundwork of the three "Krankheits-bilder."

3. That the group of simple uncomplicated functional psychoses with disorder of feeling (Stimmungsanomalien) entails

as a second great principal group paranoia (disorder of the understanding).

4. That paranoia is sharply divided from the Stimmungsanomalien and complicated psychoses.

5. That henceforth the definition of paranoia must run: "Paranoia is a simple functional psychosis. It is characterised by a disease of the intellect (or understanding) in which 'affects' play only a secondary *rôle*."

In the "Schlusswort" (after the discussion) he modifies this and concludes that the simple functional psychoses fall into three groups—

1. Group of "Stimmungsanomalien," a change in emotion *remaining in the foreground of symptoms*.

2. The paranoia group, characterised by the prominence of disorder of the understanding.

Between these are transitional forms.

3. Anoia, marked by loss of understanding and of emotion.

Leaving now the position of paranoia as set out by Dr. Cramer in 1895, I will come down to the present date. For this purpose I have taken the recent editions of the text-books of Krafft-Ebing, Ziehen, and Kraepelin as embodying the German views, and the articles by Drs. Anglade and Arnaud in Ballet's *Traité de Pathologie Mentale*, just published, as embodying the French views on this subject. Cramer, in the historical section of his paper before quoted, summarised the views of the three German professors, but it seemed to me essential to have their views in their more recent publications. Professor von Krafft-Ebing, of Vienna, whose death while the seventh edition of his *Lehrbuch der Psychiatrie* (1903) was passing through the press we must all deplore, has never admitted that paranoia should include acute and curable conditions.

Under the heading of "Psychoneuroses" he puts—

1. Melancholia.
2. Mania.
3. Stupidität, or primary curable dementia.
4. Hallucinatory Wahnsinn.
5. Secondary Verrücktheit and terminal dementia.

And under the heading of "Psychical Degenerations" he puts—

1. Katatonia.

2. Constitutional affective insanity (folie raisonnante).
3. Paranoia.
4. Periodic insanity.

His "hallucinatory Wahnsinn" includes what other authors have named acute primary Verrücktheit (Westphal), hallucinatory Verrücktheit, mania hallucinatoria (Mendel), and delusional stupor (Newington), and includes many exhaustive, toxic, and post-febrile delirious states and most of the maniacal puerperal psychoses. He has never seen it pass into systematised paranoia, and refuses to recognise the disease as an acute paranoia, although he allows that confusional states may be episodic in paranoia. Even though he takes this view, however, he seems to be unable to shake off the idea that moods and "Affekte" in hallucinatory Wahnsinn are entirely reactive to hallucinations and delusions.

His "secondary Verrücktheit" includes all psychical states in which delusions formed in the primary affective stage (of mania and melancholia) remain as lasting errors of understanding (Verstandesirrthümer) and as more or less stationary morbid groups of ideas, in spite of the subsidence of the original affective disorder. This corresponds with the English "secondary delusional insanity" resulting from acute attacks in which there are fixed delusions, but no definite systematisation or elaboration (Mercier's "fixed delusion").

He divides paranoia as follows:

Die Paranoia—

I. Die originäre Paranoia.
II. Die tardive (erworbene) Paranoia.
  A. Paranoia persecutoria.
    1. Die typische Form der erworbenen Paranoia, unterformen der Paranoia persecutoria; die Paranoia sexualis.
    2. Das Irresein der Querulanten und Prozesskrämer.
  B. Paranoia expansiva.
    1. Die Paranoia inventoria.
    2. Die religiöse Paranoia.
    3. Die erotische Paranoia.

He also places paranoia neurasthenica and paranoia (sexualis) masturbatoria under the head of mental diseases dependent on constitutional neuroses.

Krafft-Ebing says paranoia is a chronic mental disease occurring exclusively in those damaged by inheritance, and often developing on the basis of constitutional neuroses, the chief symptom of which is delusion.

"These delusions, in contrast to those present in mania and melancholia, are primary creations of the diseased brain independent of any affective origin (jeglicher affective Entstehungsgrundlage enbehrende), bound together systematically and methodically by process of conclusion and judgment to a formal delusional structure in contrast to the delirium of 'Wahnsinn.'"

And further: "The point of the disease lies not as in melancholia and mania in primary affective and psycho-motor disorder, but in disorder of the sphere of ideation" (Vorstellungssphäre). Krafft-Ebing believes in the chronic course and slow development of the disease, which, according to him, never ends in dementia; neither has he seen recovery, but only remissions. He does not agree with the view that paranoia is a chronic form of Wahnsinn.

It is a remarkable fact that some of the advocates of the primarily intellectual disorder of mind in paranoia, to the exclusion of affective disorder, are at any rate driven to classify it on an affective basis. Thus we find depressive and expansive forms described, and Krafft-Ebing divides his "tardive," or acquired, paranoia into persecutory and expansive groups.

Let us now see if Krafft-Ebing's claim for the absence of affective disorder in the early stage of the disease is borne out by his clinical description.

In the first place, with regard to "originäre Paranoia," which he considers to be rare, he says there is often early neurasthenia, hysteria, hypochondriasis, and sexual perversion, especially masturbation—conditions in which at any rate affective mental states cannot be excluded; and, further, he says candidates for this disease are psychically slack, dull, sentimental, tending to hypochondriasis and eroticism, and of easy susceptibility in sensitiveness and emotion.

Again, with regard to the cases of paranoia persecutoria developing later in life, the typical form of acquired paranoia, he says, "The subjects of this morbid process are mostly from childhood upwards peculiar, quiet, shy, retiring, hypersensitive, irritable, distrustful people, not rarely also with a tendency to hypochondria."

Surely this condition implies a special aptitude for painful feeling, and with such a history it seems a bold thing to say that the mental disorder when it appears has no affective basis.

He, however, repeats later that emotional disturbances are "sekundäre Affecte" and "the natural, so to speak physiological, reaction to the primary alteration of the Ego."

When speaking of the "Querulanten" he again says: "The candidates for this form of disorder fall early as a result of their egoism, anger, brutal dogmatism (Rechthaberei), and measureless overestimation of self into conflict with their surroundings."

It seems to me that delusional states which arise on this basis cannot be considered to be devoid of a primary affective groundwork.

Again, with regard to the expansive form he says "the nucleus is delusion of distinguished personality, sustained by exalted self-feeling and *partly developed out of it.* The future delusion is already latent in the whole mode of thought and intuition." Here, at least, he allows the possibility of a primary affective state, or at least one existing concurrently with delusion and not merely secondary to it.

When we come to paranoia religiosa, Krafft-Ebing acknowledges that such cases often arise in persons who from childhood have a tendency to excessive religiosity, and points out the frequent association of increasing religious exaltation with eroticism, two conditions in which it seems to me it is absolutely impossible to exclude a primary "Affect" as early as, or earlier than, a purely intellectual disorder. Indeed, the importance of the element of feeling is recognised by Krafft-Ebing when he says that in the first or passive stage the patient "is simply observant and receptive of the *sublime feelings* and hallucinations developing in him," and in the second or active stage the ready delusion makes itself known.

In the so-called erotic paranoia, although it is usually said that the morbid love in these cases is platonic, yet it is impossible to imagine that affective disorder does not occur quite early, and Krafft-Ebing allows that in men "the abnormal characteristics can be recognised early in a tender, sentimental direction of feeling." I do not think I need pursue Krafft-Ebing's views further.

Professor Ziehen, of Utrecht, in the second edition of his

Psychiatrie, published in 1902, divides the "affective psychoses" (mania and melancholia) sharply from the intellectual, under which he includes "Stupidität" (= acute primary dementia and Newington's anergic stupor) and paranoia (see Table).

His definition is: "We include under the conception of paranoia all those functional psychoses the principal symptoms of which are primary delusions or hallucinations."

Ziehen.

Psychosen ohne Intelligenzdefect.
- A. Einfache (simple) Psychosen.
  - 1. Affective Psychosen.
    - (*a*) Manie.
    - (*b*) Melancholie.
  - 2. Intellectuelle Psychosen.
    - (*a*) Stupidität.
    - (*b*) Paranoia.
  - (*a*) Paranoia hallucinatoria acuta s. amentia. Delirium tremens.
  - (*b*) Paranoia hallucinatoria chronica.
  - (*c*) Paranoia simplex acuta.
  - (*d*) Paranoia simplex chronica.
- B. Zusammengesetzte (complex) Psychosen.
  - 1. Aperiodische zusammengesetzte Psychosen.
    - (*a*) Secundäre hallucinatorische Paranoia.
    - (*b*) Postmanische und postmelancholische Stupidität.
    - (*c*) Postneurasthenische hypochondrische Melancholie und Paranoia.
    - (*d*) Postmelancholische hypochondrische Paranoia.
    - (*e*) Katatonie.
  - 2. Periodische zusammengesetzte Psychosen.
    - (*a*) Periodische Manie.
    - (*b*) Periodische Melancholie.
    - (*c*) Circuläres Irresein.
    - (*d*) Periodische Paranoia.
    - (*e*) Circuläre Paranoia.
    - (*f*) Periodische impulsive Zustände.

If delusions are primary, it is paranoia simplex, and if halluci-

nations, paranoia hallucinatoria, each being divided into acute and chronic.

He agrees with Westphal and differs from Krafft-Ebing in including acute and curable cases of delirious type under paranoia and especially under paranoia hallucinatoria acuta, giving as synonyms:

Hallucinatory insanity (Fürstner);
Acute hallucinatory Wahnsinn (Krafft-Ebing);
Amentia (Meynert);
Hallucinose (Wernicke).

He also describes under this head "delirium acutum" as a primary incoherent form, and alcoholic delirium tremens as a peracute variety of acute hallucinatory paranoia.

Although he says that in the typical form "Affectsstörungen" are secondary to the intellectual disorder, he allows that there are undoubted cases in which, from the beginning of the disease, either occasional or lasting exaltation or depression exists, for which no explanation can be given by the hallucinations, and *which must therefore be looked upon as primary*.

This seems to give away the whole position as to the claim for essential primary disease of intellect.

His chronic forms include cases of systematised delusions of persecution and exaltation as we know them in this country, and the "délire chronique" of Magnan.

Again, he claims that primary disorder of emotion is not found in typical cases, but allows the possibility—"Noch seltener sind primäre Affectstörungen: dauernd kommen sie nie,"—but with Krafft-Ebing he recognises that the sufferers have in early life been shy, irritable, and of "zurückgezogenen Wesen."

In the case of paranoia simplex chronica he says "primary disturbances of affect and association are present as transitory concurrent symptoms," and that exceptionally he has seen it develop in women after an emotional shock (Affektstoss).

When considering the forms of paranoia which he groups under complex psychoses he again destroys the theory of primary intellectual disorder. For instance, in describing "secundäre hallucinatorische Paranoia" he says that the melancholic or maniacal stage presents all the essential points of a typical melancholia or mania, and the second or paranoiac stage runs as a typical hallucinatory paranoia. In other words, it is

secondary to what he has considered to be primarily affective disorder. The same remark applies to (*c*) and (*d*).

His periodic and circular paranoia include either recurring cases of "acute hallucinatory paranoia" or cycles of delirium and stupor, and by most writers would not be included under paranoia.

The third German text-book which I propose to notice is that of Professor Kraepelin, of Heidelberg.

Professor Kraepelin's writings have perhaps had more influence on the world of psychiatry than those of any other living writer. In all recent American text-books he is referred to or copied from at length, but with the exception of Macpherson (*Mental Affections*) [1] the writers of English text-books do not refer to his views. Professor Kraepelin has always held an open mind on the question of classification, and has modified it in the various editions of his *Psychiatrie*.

He has never adopted the term "paranoia" with any satisfaction, but still retains the old word "Verrücktheit" as synonymous with chronic delusional insanity and puts "paranoia" in brackets as a secondary name.

He entirely separates acute forms from the chronic and puts acute Verwirrtheit or Meynert's amentia under Erschöpfungsirresein (insanity of exhaustion), grouping it with "collapse delirium" and chronic nervous exhaustion.

He makes no separate headings of "hallucinatory Wahnsinn" or "secondary Verrücktheit" as Krafft-Ebing does.

In the sixth edition of his work (published in 1899) he says: "Under the name 'Paranoia' a large number of German alienists include together all those functional mental diseases in which the disorder expresses itself principally or exclusively in the domain of the intellectual faculties," the essential sign being delusions and hallucinations.

He refers to the early views of Griesinger and others as to the affective origin of this mental disorder, and to the later development of the view, that the disease is to be looked upon as a primary disorder of the understanding in contrast to disorder of feeling. He then summarises Cramer's and Ziehen's work and says: "This led of necessity to the inclusion in Verrücktheit of a number of disease pictures, which taken clinically had not the least true relationship with the original Verrücktheit, as, for

example, amentia, alcholic delusional insanity, and numerous conditions which undoubtedly belonged to dementia præcox or 'manisch-depressive' insanity."

He holds this development to be quite erroneous and says: "The opposition, looked upon as fundamental, between disorders of the understanding and those of feeling is only a psychological one and not at all clinical. In real disease pictures (Krankheitsbilder) we see both bound up together in a quite incalculable way."

He says that as a fact attempts to regulate the "paranoia group" and separate it from other forms of insanity end always with the statement that mixed forms and transitional cases occur between it and the "affective" mental disorders.

"Therefore the only groundwork of the present paranoia idea, the artificial contrast between diseases of intellect and diseases of emotion, collapses."

Referring to the question of diagnosis and prognosis, he says "It needs no proof that the now 'universal disease' ('Universalkrankheit') paranoia, which according to many physicans includes 70 or 80 *per cent.* of the whole, does not bring us a step further in this direction."

Further he holds the idea of an "acute paranoia" to be chaotic, because thereby the essential incurability and persistent growth of developing delusions are entirely overlooked. He therefore limits the term "paranoia" to the undoubted group of cases in which there is a clearly recognised, slowly developing, and unshakable system of delusions.

He describes the cases with gradual onset of persecution developing hand in hand with exaltation, but he differs from others in saying that hallucinations are rare.

With reference to Sanders' "originäre Paranoia," he says he has rarely met it before the third decade of life.

In his sixth edition he ceased to subdivide Verrücktheit or paranoia into subordinate groups, only mentioning the "erotic" and "querulant" varieties. With regard to feeling he says: "Die Stimmung des Kranken steht mit seinen Wahnvorstellungen in innigstem Zusammenhange"; that is, the mood is in the most intimate connection with the delusions, but not therefore dependent on them.

In the sixth edition Kraepelin first described the paranoid form of dementia præcox, calling it "dementia paranoides"

and including under it the "phantastische Verrücktheit" which he formerly included under paranoia; in other words, he removed from the chronic delusional group a large number of cases in which organised and systematised delusions had developed, on the ground that the passage of the patient into early weak-mindedness rendered it necessary.

He says: The numerous delusions in the course of dementia præcox may often give rise to the diagnosis of paranoia. The greater number of the cases designated under this name by other alienists belong in my opinion to the group of cases described here and especially to the paranoid form."

In others' words, he endeavours to solve what has always been a matter of conflict, the question as to whether delusional insanity or paranoia ever ends in dementia, by removing an important group of cases into the domain of dementia.

In a paper in the *American Journal of Insanity*, January 7th, 1904, on the present status of paranoia, Dr. W. McDonald, of the Butler Hospital, Providence R. I., refers to this as follows: "We have often heard a patient referred to as an old 'paranoia' in terminal or secondary dementia, while his neighbour, perhaps an older man, and one in whom the disease has been longer evident, was spoken of as having undergone very little mental deterioration. Recently our confidence in paranoia has received a jar; the Germans have been altering classifications . . . . gradually the atmosphere clears, and it is found that paranoia includes a number of patients who rightly belong to the dementia præcox group."

Referring to Kraepelin's nomenclature as used in America, he says, "We not only accept his ideas, we bolt them whole."

He finds at last that all the paranoiacs have been placed in the dementia præcox class, and raises the question, "Is there no more paranoia?" He also writes of the absurdity of speaking of a patient as having little or no mental weakness, when he is at the time misinterpreting every one of the smallest incidents of life.

Lastly, I have taken as exhibiting the French position with regard to paranoia the articles on that subject in Ballet's recently published *Traité de Pathologie Mentale*. The word "paranoia" has been disliked in France as in England, and Dr. Arnaud of Vanves, who writes the chapers on this subject in

Ballet's *Traité*, heads the chapter "Délires systématisées ou partiels," with the terms "paranoia" and "Verrücktheit" in brackets as the German synonyms.

He gives a most comprehensive table showing the German classification, and the French equivalents, to which I call your attention.

BALLET—ARNAUD.

CLASSIFICATIONS DES DÉLIRES SYSTÉMATISÉS.

Classification Allemande.					Équivalents Français.
Wahnsinn (Snell, Schüle). Verrücktheit (Sander, Westphal, Kraepelin). Paranoïa (Krafft-Ebing, Mendel, Morselli, Tamburini, etc.).					
Paranoïa, primitive. Wahnsinn. Verrücktheit.	Chronique.	Originelle (Originäre Verrücktheit de Sander, Westphal, Schüle).			Mégalomanie (Dagonet et Ball). Délire systématisé des dégénérés débiles (Magnan).
		Tardive ou acquise.	Depressive, avec délire de persécution.	Forme typique.	Délire de persécution à évolution systématique (type Lasègue-Falret). Délire chronique (Magnan).
				Délire querulant.	Persécutés-persécuteurs raisonnants (type Falret).
			Expansive avec délire de grandeur.	Desinventeurs. Religieux Érotique.	Mégalomanie. Délire systématisé religieux. Folie érotique (Ball). Délires systématisés des dégénérés (Magnan).
	Aiguë.	Simple. Hallucinatoire (avec confusion mentale).			Délires systématisés aigus. Certains cas de confusion mentale hallucinatoire. Délire d'emblée des dégénérés (Magnan).
Paranoïa secondaire		à mélancolie. à manie. à paranoïa aiguë.			Délires systématisés post-malancoliques. Délires systématisés post-maniaques. Manie chronique, démence.
Paranoïa abortive ou rudimentaire (Westphal, Arndt, Morselli, Tamburini).		Idées fixes états obsédants.			Folie du doute avec délire du toucher, agoraphobie, obsessions et impulsions diverses. Syndrômes épisodiques de la dégénérescences (Magnan).

In his own classification, which is given here, he recognises acute and chronic forms.

ARNAUD.

DÉLIRES PARTIELS OU SYSTÉMATISÉS.

Paranoïa des Allemands.

I. *Délires systématisés aiguës*—Paranoïa aiguë.

II. *Délires systématisés chroniques* — Paranoïa chronique.
- 1. Dépressifs.
  - Persécutés à évolution systematique.
    - Forme typique de Lasègue-Falret, et délire chronique de Magnan.
    - Forme psycho-motrice (Séglas).
  - Persécutés auto-accusateurs et persécutés mélancoliques.
  - Délire d'auto-accusation systématisé primitif.
  - Délire hypochondriaque systématisé.
- 2. Expansifs.
  - Ambitieux (mégalomanie).
  - Religieux.
  - Erotique.

After a general history of the subject embodying the differences of opinion I have referred to, he defines "délires systématisés" as functional psychopathic states characterised by delusions (idées délirantes) permanent, fixed, methodically allied together, developing in a regular direction, and following a logical evolution. These states, "independent of any hitherto appreciable organic lesion, *appear to be equally independent of all emotional origin.*"

He very properly says, although the delusions are only manifested in certain groups of ideas, yet the mind as a whole is diseased, and is incapable of exactly appreciating and rectifying the false elements invading it.

He agrees that not only may the systematised or partial delusions be "délires primitifs," but may also appear consecutively to a mental disorder of another nature, ordinarily an access of mania or melancholia, and are then called secondary, post-maniacal, or post-melancholic (paranoïa secondaire).

He refers to the discords and complexity of the discussions in France, Germany, and Italy on the subject, and says: "Les auteurs employant des termes différents pour designer les mêmes choses, ou appliquant les mêmes termes à des choses différentes."

With regard to the question of the acute cases, he gives all the synonyms we have referred to, pointing out that the systematisation is ordinarily feeble, and has never the cohesion

and logical development of the chronic cases, but still holds that emotional reactions are dependent on the delirious concepts and hallucinations, and develop secondarily, contrary to what happens in mania and melancholia.

He, however, speaks of the possibility of the delirium (délire) being at base melancholic and depressive.

He agrees with those who hold that recoveries are often followed by relapse and passage into the chronic forms, contrary to the views of Krafft-Ebing and Magnan.

With regard to the chronic cases Arnaud adopts the French groupings, and it may be said that although he has started by a general statement as to the independence of the condition on any emotional origin, yet he frequently acknowledges that in the early stages the emotional or affective disorder is prominent, as, for example, in the group of "persécutés auto-accusateurs," which he says forms a link with melancholia, and in "délire hypochondriaque systématisé," which he says is marked early by "exaggerated preoccupation with health without constant expression of definite delusions."

Again, in the expansive groups he says there is a common groundwork in a very marked tendency to pride.

In the religious group "ce délire atteint des sujets qui depuis l'enfance presentaient un goût marquée pour les pratiques de la religion . . . . et souvent une véritable exaltation mystique."

Again, childhood is characterised by "aptitude for religious emotions," often with genital excitability which determines a painful moral struggle with remorse. It surely cannot be thought, then, there is no primary emotional disorder in this nor in the final group of "délire systématise érotique."

The confusional group is described in a different chapter by Dr. Anglade of Bordeaux, apart altogether from paranoia, to which he holds it does not belong.

In addition to Kraepelin other German authorities have of late years cast serious doubts on the conception of paranoia as a primary intellectual disorder and have refused to regard it as including forms of mental disorder of delirious or confusional type.

For instance, in the discussion on Cramer's paper in Berlin, Jastrowitz, referring to acute cases, asks what has the exhaustion —collapse—intoxication delirium to do with the different

varieties of paranoia — "Wo ist da die Analogie mit der Paranoia chronica?"

Professor Jolly, of Berlin, whose recent death we have to lament, referring to the question of primary or secondary emotion, says: "The thesis that in one case anomalies of mood are primary and lead to confusion, while in another the delusions and hallucinations appearing in confused states lead to an altered state of feeling, is a purely theoretical one." And further: "It is most unlikely that the groundwork of any mental disorder lies in such narrow circles as pure 'affect' or pure disorder of idea."

Moeli, moreover, says that although "Affecte" may play only a secondary *rôle* in chronic paranoia it is not shown that in early cases the emotional side is unaffected, and in the period of distrust there is not necessarily a formulated expression of persecution.

Professor Grimaldi, of Naples, in the *Annali di Nevrologia*, 1903, in a critical review on "L'origine affetiva dei delirii paranoici" in German literature, refers to Cramer's paper and the discussion on it and says that the primary intellectual origin of paranoia received then a consecration which appeared to have silenced for ever any opposite view, but that from that moment there began in Germany a descending line which by successive steps will lead to its final abandonment.

He quotes Specht as saying that the view has now fallen from the height of a dogma to the grade of a problem, and also refers to Moeli's views which I have already quoted.

To show the change made in a short time he gives a *résumé* of the views of Professor Specht, of Erlangen, who in his paper "Ueber den pathologischen Affekt in der chronischen Paranoia" calls the primitive ideas or primary delusions of Krafft-Ebing "inventions of a very unhappy kind." Specht refers to the discrepancy between the teaching of practice and the preconceived theoretical point of view. This is manifest when these "primary" delirious ideas are spoken of as accentuation of temperament or character, so that the vain arrive at grandeur and the diffident at persecution.

Specht finally considers "diffidence" as the primitive part of consciousness antecedent to every other morbid phenomenon, but Grimaldi goes further and thinks that earlier than diffidence there exists in paranoia a state still less evolved, which is the

instinctive feeling of fear. "Who has fear has pain in two ways, in having the fear and in having the presentiment of future pain." This induces an orientation of attention in the direction of the external surroundings and an outlook for noxious forces and actions. He sums up as follows: "It is vain to deny it; the persecuted paranoiac is above all fearful, fearful if looked at and observed, fearful if he withdraws himself, solitary and vigilant, fearful if he advances, circumspect and prudent or resolute and violent." With regard to exalted paranoiacs he says: "The pride of the paranoiac is not that of a triumphant and happy man, but unsatisfied pride, impotent vanity, threatening pride,—dispossessed prince, unrecognised king, despised and unworshipped God—he is entirely devoted to sorrow."

Dr. Linke, in a paper, "Noch einmal der Affekt der Paranoia," in the *Allgemeine Zeitschrift für Psychologie*, p. 257, 1902, refers to the fact that the question as to whether "Affekt" gives its characteristic colouring to the delusional state of paranoia is occupying an ever-increasing space in psychiatric literature, and says: "The statement that the onset of delusion in paranoia is due to a primary disease of the intellect would find few adherents to-day," and that the greater number of those who have taken up the opposite position hold that a morbid change of the Ego brought about by "primary Affekt" is the basis of the onset of delusion, a divergence of opinion only existing as to the kind of primary "Affekt."

I come now to recent English writers. Conolly Norman, in the article on systematised delusional insanity (for which he uses the synonym "paranoia") in Clifford Allbutt's *System of Medicine*, adopts what I think is the continental error with regard to the genesis of this form of mental disorder. He defines it as "that form of mental unsoundness which is specially characterised by delusion—that is, by beliefs not common to the race, which arise from the uncorrected action of the imagination, are fixed and systematised, and *are not immediately connected with a predominant emotional state.*" He contrasts this condition with acute forms of mental disease in which delusions are associated with the predominant emotional state, "*wherein they appear to take their rise, and which at the same time they reinforce.*" After describing the condition of patients

before the onset of definite delusion as being "self-centred, self-opinionated, and self-absorbed," and as "suspicious, touchy, and ego-centric," he says later on: "The delusions in the disease we are considering are rightly called primordial, for they do not appear to belong immediately to any emotional state and they strike in upon the mind of the patient as a new train of events."

He does not refer to acute "Wahnsinn" or "Verrucktheit" or "Verwirrtheit" under Paranoia.

In the article on delusional insanity to which he gives the synonyms "monomania" and "paranoia," in the recent edition of Quain's *Dictionary of Medicine*, Robert Jones adopts the following view: "Although there is less emotional disturbance in this form than in any other variety of insanity, it is incorrect to state that there is none; for every action and every thought has a distinct fundamental feeling-tone of pleasure or pain, and the egoistic feelings which so predominate in these cases obtain such an ascendency over the intellectual life that the personality becomes changed."

Mercier, in *Psychology, Normal and Morbid*, expresses himself very strongly as to the importance of feeling in the genesis of delusion, and I will quote shortly from his work. On page 272 he says: "In point of time alteration and exaggeration of emotion produce delusion." On page 274: "Such a thing as a neutral delusion, a delusion which is neither pleasurable nor painful, scarcely exists, and does not exist at all as a primary state." Referring to "deluded states," he says: "There is a deluded state which is affection (= affect) pure and simple, which is pain only or pleasure only, and which includes no discernible trace of intellectual delusion." And, further: "The deluded state contains at the outset a large proportion of pleasure and pain, and may even in its early stage consist entirely of pleasure or pain; to this affection delusion is soon added, and thereafter the proportion of affection to delusion varies much."

On page 479 he says: "I cannot recall a single instance in a long experience in which delusion has arisen, except as part of an emotion."

Sully (*The Human Mind*) is very definite on the close interaction between feeling and intellection, and referring to the views of Herbartian psychologists, and especially Dr. J. Ward,

that a presentation excites feeling and leads to desire, and so to conation, he says: "Even in the case of the higher feelings it is not uncommon to find feeling preceding representation. This applies, for example, to sudden and disturbing sense-impressions, which affect us disagreeably before they are objects of apprehension, and to worrying thoughts, *e.g.* of some omitted duty, which give us trouble before they emerge into clear consciousness. Moreover, attention to presentations, as we shall see, *appears in all cases to follow feeling*, which here assumes the form of interest, and it has been pointed out that there is no process of intellection without attention."

He further makes the very important statement, which seems to me to be very apt in relation to the condition we are considering: "It is in the rooted beliefs of the romantic dreamer, the enthusiast, and so forth, that we may best study the action of feeling in consolidating particular ideal attachments and giving them the semblance of firm, well-weighted judgments."

I think I have said enough to show that there is no common agreement as to the connotation of "paranoia" even in the country of its origin, that by some authors groups of cases are included under this term which others hold to be entirely outside it, and that the doctrine of primary intellectual disorder, apart from the element of feeling or "affect," has of late received rude shocks, and that it is tottering to its fall.

I have always taught students that in examining any case of mental disorder it is entirely erroneous to omit to examine all the functions of mind, feeling, knowing, and willing, that the mind is not divided into water-tight compartments, and that in taking the history of any case it is most important not to accept without close inquiry the account given by relatives of the mode of onset and order of appearance of symptoms.

In my opinion the separation of primary affective from primary intellectual disorders is purely artificial, and just as in mania and melancholia the affective state is not the sole factor, so in paranoia the affective side cannot be ignored.

I may sum up my own views as follows:

1. The term "paranoia" is useful if it be limited to cases of chronic delusional insanity in which there are organised and systematised delusions, whether of persecution or exaltation, and whether these run separately, concurrently, or by trans-

formation from persecution to exaltation, and whether the disorder originates in childhood and youth (originäre Paranoia) or later in life (tardive Paranoia), and whether associated with heredity or not.

2. In all these cases the importance of the affective element of mind must not be ignored, and it is erroneous to use the term "paranoia" as implying primary intellectual disorder to the exclusion of, or prior to, disorder of "Affect."

3. Allowing that there are acute cases in which delusions appear to be organised and systematised, and yet in which recovery appears to take place, many of these are merely the initial phase of chronic delusional insanity with a remission of symptoms.

4. If the incubus of the idea of primary intellectual disorder be got rid of, there is no difficulty in recognising that some cases of paranoia may begin with an acute functional mental disorder of the nature of melancholia or mania (as is indeed recognised even by those who take the primary intellectual view), or even may follow a delirious or confusional state.

5. With this exception, acute confusional insanity (acute Verwirrtheit) and acute delirious states (acute delirium, collapse-delirium, Erschöpfungs-delirium) should be regarded ætiologically and clinically, and from the point of view of diagnosis and prognosis, as entirely apart from paranoia or chronic delusional insanity.

6. Mercier's term "fixed delusion" should be used for states secondary to acute forms of insanity, where the persisting delusions are not organised or progressively systematised.

7. With regard to terminal dementia in paranoia, it is trying to prove too much to say, as some authors do, that dementia does not ever supervene in this condition; and I think that Kraepelin's action in removing a large group of cases in which terminal weak-mindedness occurs from the domain of paranoia to that of dementia præcox is open to question. There seems to me a possibility that dementia præcox, with its hebephrenic, catatonic, and paranoid forms, may become the new universal disease ("Universalkrankheit"), into which large numbers of cases may be thrown, and which will give rise at no distant date to as much discussion as has attended paranoia.

(1) The sixth edition of Clouston's *Mental Diseases* had not been published when this was written.

Dr. BLANDFORD.—Gentlemen, I rise with great pleasure to propose a vote of thanks to our President for his extremely interesting address. We can appreciate the time and labour which it has involved, and I am sure that it will be very valuable to us for perusal on future occasions. I am not going to discuss the address, and will only say I completely agree with the conclusions at which our President has arrived.

Dr. G. SAVAGE.—Gentlemen, it is my very great pleasure to second this vote of thanks to our President for his most interesting and satisfactory address. Reference was made to the fact of Dr. Blandford's and my own work not having an allusion to "paranoia." The omission on my part was due to the view I held, *viz.*, that it was an impossibility to make clear to others what was then so indefinite in my own mind.

Dr. RAYNER.—I wish to add my thanks to those which have been expressed to our President for having undertaken this Augean work, for it is nothing else. I agree with his conclusions, and we have only to look at the collection of tables he has put before us to see that "paranoia" is a possible cause of confusional insanity.

The PRESIDENT.—I beg to thank you very much, gentlemen, for the kind way in which you have received my address. I am afraid it may be looked upon more as a critical digest than as an original paper. It seems that there was considerable confusion on the subject, and I think I have shown that continental authorities are not at all agreed as to what they mean by "paranoia," and that this term should not be used as implying a primary intellectual disorder.

The Psychology of Hallucination. By W. H. B. STODDART, M.D., M.R.C.P.

ALTHOUGH the psychology of hallucination does not enter largely into the literature of this country, it may be gathered from the writings of our English psychologists that most of them recognise in hallucinations, illusions, percepts, and ideas a family resemblance; but the points of dissimilarity among these processes have not, in my opinion, received their due measure