

PARANOIA

The following case is presented as a type of pure Paranoia, following the clinical picture first described as such by Mendel, in 1881.

The picture differs clearly, however, from various paranoid states which may occur during the course of other psychoses. Of course, where the clinical picture is clear in any other psychosis and where vague persecutory ideas arise, but are fleeting in character and changing in content, the diagnosis would always be clear, but there is one condition in which the necessity for differential diagnosis is present: that is, Dementia Paranoides (Kraepelin).

In true paranoia the condition is, as a rule, of slow development, extending over a period of years, and as was noted in this case the features are those of an intellectual rather than an affective psychosis.

The mental reduction may not occur for many years. The delusions are well elaborated, systematized and are ever growing wider; all ideas are arranged in orderly array, and as a rule nothing illogical (from the patient's point of view) or irrelevant is introduced. Usually fallacious sense perceptions are absent: they are occasionally present but the hallucinatory experiences even in such cases are slight.

In Dementia Paranoides, on the other hand, we have a psychosis which develops earlier, in the second and third decades, although occasionally later. In this the conspicuous features are these:

First—The marked mental reduction going on early and growing progressively more marked.