insanity may occur in high grade aments, though their intellectual deficiency prevents them from systematizing their delusions. Some show expansive ideas due to lack of discrimination. These ideas may be of make belief type, and lying out of wickedness. Their delusions are puerile.

PROGNOSIS

1. Fleeting delusions are more favourable than fixed ones.

2. When delusions occur in a patient who has clouding of consciousness, they are of better prognosis than those occuring in a patient who has clear consciousness.

3. When their onset is abrupt and sudden, they are of a better prognosis than those showing slow and insidious onset. Thus delusional states arising acutely after operations, childbirth and debilitating diseases are usually of good prognosis and there is much hope of recovery.

4. In "folie à deux" when the pair are separated, the passive and sub-ordinate individual usually makes a good recovery, while the acute and primary patient remains a paranoiac.

There is no need to say that in paranoia the prognosis is extremely bad, because the delusions are fixed and the disease is very insidious in its course. There are abortive cases of paranoia which run a comparatively short course and end in recovery ; many authors especially KRAEPELIN consider these cases as manic-depressive.

تلخيص مقال الدكتور عبد القادر حلمى

طبيب بمستشفى الأمراض العقلية بالعباسية

عرض تخطيطى لحالات الهذيان ، تعريفها وتعليلها من الوجهة السيكولوجية مع بيان أسبابها وأنواعها والإشارة إلى مجموعات الأعراض التى توجد فيها وإلى مصيرها من حيث إمكان برء المريض منها أو عدمه . ويعرف الهذيان بأنه حكم خاطىء متماسك منطقياً ، لا يقبله الأشخاص الذين يشابهون المريض من حيث الطبقة الاجتماعية والتربية والعنصر والسن . ولا يظهر الهذيان ويتضخم إلا فى حالة فقدان الاستبصار ؛ أما عودة الاستبصار فتؤدي إلى زوال الهذيان .

ومن الوجهة السيكولوجية يعتبر الهذيان بمثابة رغبة لاشعورية غير محققة ؛ فيفصح المريض عنها بعبارات لفظية لا يتفق مدلولها مع الواقع ، كأن يعتقد أنه ملك أو ثرى أو ما شابه ذلك ، أو أنه مضطهد الخ . . . والهذيان من وسائل التعويض عن الخيبة ومن الوسائل الشاذة لإرضاء الرغبات المكبوتة . وهو إما ثابت أو متغير أو مندمج فى نظام من الأحكام المتماسكة تماسكا منطقياً حسب ، دون أن يكون للمقدمات أى سند فى الواقع . وتوجد حالات الهذيان فى كثير من الأمراض كالهذاء والفصام والنواب والصرع والأمراض العضوية التى يكون فيها الدماغ مصاباً . وهى ألطف حالا عندما تكون متغيرة أو فجائية الظهور أو فى حالة الخبال . أما فى الهذاء حيث يكون الهذيان ثابتاً ومحكم الأجزاء وبطىء الظهور فلا يرجى لها شفاء .

cinations. *c* False interpretation; seeing a photograph of a great man and finding a resemblance between him and that man.

3. **Schizophrenia.** — *a* The delusions are multiple, changeable and not fixed, unsystematized, fantastic and illogical; *b* hallucinations are present; *c* personality is disintegrated; *d* there is marked incongruity between the thought, mood and conduct of the patient.

In schizophrenia, the delusions may take any type and thus they may be depressive, hypochondrical, persecutory or expansive.

4. **Manic Depressive Psychosis.** - a The cardinal symptoms of mania and melancholia are present; *b* there is harmony between thought, mood and conduct of the patient.

In mania as a result of the elation, we get grandeur delusions. In melancholia, when insight is lost we get delusions: they have no brain, and bowels are obstructed.

5. **Involutional Melancholia.** - We get nihilistic delusions, ideas of death and poverty.

6. **Organic Brain Lesions.** - In syphilis, senility, arteriosclerosis, brain tumor and in G.P.I, we get expansive delusions; and in the depressed type, we get hypochondrical delusions.

In senility, we get delusions of persecution as a compensatory to what has been lost. The patient believes that he has been poisoned and also believes in the infidelity of his wife. We may get grandeur delusions, hypochondrical or self-accusatory.

7. **Toxi-Infective States** : Alcohol, cocaine, pellagra, after child birth, debilitating diseases and operations.

In alcoholic paranoia, the delusions are in the form of infidility of the wife and near relatives. The onset is acute, probably their origin is impotence and projection.

In pellagra, we get delusions as a result of faulty perception. Patients have delusions that they are poisoned due to visceral sensations.

8. **Epilepsy.** - Epileptics are very selfish and want others to take interest into them, and once they discover that this does not take place, it leads to delusions of persecution. As a prodromata of fits, some patients develop definite delusions which may be paranoid, grandiose or religious according to the temperament of the individual.

9. **Mental Defect.** - Delusions are due to projection due to his inefficiency. The delusions are childish. Delusional

People of high intelligence are able to systematize their delusions and thus no hallucinations appear. In people of low intelligence, they are unable to systematize their delusions and hallucinations fill the gap. The unsystematized delusions are not correlated with each other. We get also delusions of grandeur, delusions of persecution, of sin and of poverty.

There are also nihilistic delusions which may be either allo-psychic or related to the outer world, somato-psychic or related to the patient's own body, and auto-psychic which deal with the personality.

We get also hypochondrical delusions which are very common in involutional melancholia, schizophrenia, hypochondrical paranoia, hysteria and chronic anxiety states and senility. Ideas of unreality are related to nihilistic delusions, but they are not delusions because the patient recognizes their abnormality and he is distressed with them.

Delusions may be communicated as in "folie à deux". This occurs in unmarried individuals, often of the same sex who have lived together for a long time. One of the pairs develops paranoia and the other member takes the same delusion.

In feigned insanity, we may get delusions, but they are put in the foreground ; but in true insanity, they are put in the background (concealed).

MENTAL SYNDROMES IN WHICH DELUSIONS OCCUR

1. **Paranoia.** - *a* The delusions are fixed, permanent and systematized; *b* no hallucinations; *c* personality is intact; *d* no intellectual deterioration; *e* insidious onset and course; *f* incurable disease.

In paranoia, we get delusions of persecution, exaltation and hypochondrical delusions.

According to the Freudian theory, the disease is the result of repressed homosexuality. There is partial repression, and by projection and replacement we get delusions.

2. **Paraphrenia.** - The delusions are less systematized than in paranoia and we get also hallucinations which are absent in paranoia as we have said. The personality is also intact as in paranoia. In paraphrenia, we get delusions of persecution and of grandeur.

The grandeur delusions are due to :

a Persecutory ideas : as a result of the repeated persecutory ideas, the patient believes that he must be a great man. *b* Hallu-

DELUSIONAL STATES

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A delusion is a logic-tight erroneous judgement which cannot be accepted by people of the same class, education, race, age and period of life as the person who expresses it. There must be lack of insight for the development of delusions and once this insight is obtained delusions disappear.

From the psychopathological point of view, delusions are ungratified unconscious wish or desire which finds expression in a distorted way. They are verbal expression of the unconscious of the patient. They are compensatory for failure in some direction and thus they are wish fulfilling.

CAUSES OF DELUSIONS

There are predisposing causes and exciting ones. The predisposing cause for a delusion is the patient's mood as determined by the unconscious. Thus a depressed patient will believe that he committed the unpardonable sin.

The exciting causes are: I. Exaggeration of an ordinary physical illness. Thus a melancholic who has severe constipation believes that his bowels are obstructed.

2. Hallucinations. Thus a patient hearing voices that he is a great man, believes so.

3. Defective memory. Thus a senile patient who forgets where he put his money believes that «they» stole his money.

4. Unity of mentation and false interpretation.

TYPES OF DELUSIONS

1. Fixed: which do not change and are firmly adherent to the patient. 2. Fleeting : which come and go and are changeable. They occur in delirium, confusion, dementia and are of better prognosis than the fixed. 3. Systematized : they are well knit and they form a fairly coherent system, logical within itself, if the premises once be granted, e.g. in paranoia.

والآن نستطيع أن نستشف معانى الحلم . فواضح أن العامل الذى يبقر الحائط يصور المريض مدفوعاً إلى العدوان السادىّ نحو صاحبته ، ففى لفظ البقر ما يوحى بعدوان قوى . ولكن أمر الباشا حاسم فى أن توضع مرآة مكان الجزء المبقور من الحائط . فلا بد من أن يرتد العدوان إلى صاحبه كما تعكس المرآة الأشعة الواقعة عليها .

أما وضع العربة فى محاذاة الإفريز (وهى فى أحلامه رمز للعضو التناسلى) فهو يشير إلى ارتخائه الجنسى . ووجود العربة إلى جانب صور العدوان فى الحلم يدل على صلة الفعل الجنسى بالعدوان . ومن ثم وجب كف الفعل الجنسى منعاً للعدوان .

و الآن إذا قربنا بين ما تداعى للمريض من الخواطر الخاصة بخلق حواء من ضلع آدم المقابل لموضع ألمه ، والخاصة بالفلتة اللسانية التى قرن فيها دق التليفون بدق الخنجر ، كما قرن فيها أيضاً انتظاره دق التليفون بانتظارها هى ، وهو اقتران يوحى بوقوع الشىء لغير من قصد به — إذا قربنا بين هذه الخواطر وبين معانى الحلم لتبين لنا مصدر النورالجيا التى أصابته وأساسها السيكولوجى.

يتضح الآن أن طرق المسمار يوم أصابه الألم قام لديه قياماً لاشعوريا مقام الفعل العدوانى السادى نحو صاحبته . أما الألم فقد قام مقام ارتداد العدوان إليه .

على أن ثمة ما يدل على أن هذا العدوان المرتد لا ينال صاحبه فحسب ، بل ينال أيضاً الشخص المقصود بالعدوان ذلك أن المحب يجعل حبيبه بعض نفسه فى نوع من التقمص ، كما كانت حواء بعض آدم . والحلم التالى الذى ذكره المريض فى الجلسة التالية يبين هذه الحقيقة ويوضح كل ما قدمنا .

فقد رأى رجلا مستلقياً على نحو يشبه استلقاءه هو أثناء التحليل على حد قوله . وقد أصيب الرجل المستلقى بطعنة خنجر من شخص أليف حاول إخفاء الخنجر فافتضح . وتبين فى آخر الأمر أن المصاب هو صاحبة المريض .

وهكذا نرى أن المريض إذا كان قد أحل نفسه فى تلقى العدوان محل صاحبته ، إلا أنه وقد وحد بين شخصيهما إنما أصابها حين رد الإصابة إلى نفسه فأرضى بعد كل شىء شعوره العدوانى نحوها.

وقد كانت نتيجة هذا التحليل أن الألم أخذ يقل شيئاً فشيئا حتى برأ منه المريض برءاً تاماً فى نهاية الأسبوع .