THE RORSCHACH TEST AND THE QUESTIONS OF "PROGNOSIS" AND "RECOVERY" IN SYPHILITIC MENINGO-ENCEPHALITIS

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I

The subject of syphilitic meningo-encephalitis is one of those chapters in psychiatry which offers a wealth of material for the study of the total personality and of psychosomatic relationships. Kraepelin’s masterful monograph, which is both stimulating and provocative of thought, testified to the foregoing statement at an early date. Kraepelin was apparently not satisfied with the idea that the brain pathology in general paresis is the sole responsible cause of the multiform manifestations of the condition. He investigated the possible relationship of various factors such as age, sex, alcohol and trauma, to the problem and concluded that the people themselves, their mode of life, their habits and so forth play an important role in the development of the disorder (in modern language the attitude is one of orientation upon the total personality). As it is well known, Kraepelin differentiated a number of clinical forms of general paresis, such as the demented and expansive. He thought that better knowledge of cerebral localization might explain these variations in the future. This has not yet materialized. Other writers on the subject, such as Schube, discussed certain forms of the disorder in terms of emotional states, which was an important evaluation. However, this approach is one-sided and gives us no clue as to the mechanism and relationship of such manifestations to the totality.

For further elucidation of the subject, the present writers recommend that one apply, toward the problem, the approach of Hughlings Jackson, that is, apply the principles governing evolution and dissolution of the personality. Jackson differentiated “positive” and “negative” symptoms in mental disorder—the former referring to release from control, the latter being understood in terms of functional deficiency. Clinically speaking, there are mental disturbances in which one may deal predominantly if not exclusively with positive symptoms, while in others one may observe essentially negative symptoms; in still others, both positive and negative symptoms may be present. To facilitate interpretation of symptoms and to come closer to the mechanism of
their relationship to the totality, a common denominator in psychiatric disorders was postulated. The common denominator was identified with affectivity, which one of the writers has discussed as the final common path of the total personality. Affectivity is considered the matrix of the positive symptoms. In addition to the common denominator, there may be other factors rooted in various levels of the total personality, which may be considered instrumental in causation of certain symptoms. However, the common denominator may play a role there also. For instance, consider the role of affectivity in the mechanism of recall.

In applying the foregoing to the problem of syphilitic meningoencephalitis, it is possible to distinguish: (1) structural changes of the brain produced by the infectious agent which may account for such negative symptoms as loss of memory; (2) toxic states produced by the same agent, due to disturbed metabolism as well as to impaired function of various viscera and glands, which may account for both positive and negative symptoms such as misidentification; (3) the system of defense of the total personality which accounts for positive symptoms, such as ideas of grandeur. By means of such an evaluation it is possible to establish the fact (as reported elsewhere) that the depressed and agitated features, as well as certain paranoid states observed in the course of general paresis, are rooted in involutional changes which general paretic patients undergo concurrently with the disease—conditions which apparently facilitate the release of general paretic symptomatology. For details, one may refer to the respective studies.

In the present study, the writers are interested in the questions of "prognosis" and "recovery" in cases of general paresis. Admittedly there are no decisive criteria regarding the questions raised. For instance, Dattner says regarding prognosis: "It has been claimed that patients with depressions offer a less favorable prognosis than those with manic features. In our experience it is difficult to verify this generalization. The type of psychosis is of less importance than the duration and extent of deterioration. One is often surprised with the recovery of apparently demented patients, whereas on the other hand all treatment may fail in seemingly mild cases." Dattner points out further that clinical observation alone is not sufficient for prognosis. Clinical symptoms may become more marked after the syphilitic process has stopped. Again, the syphilitic process may still be active within the central