OBSERVATIONS ON GANSER'S SYMPTOM.

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In 1897, Ganser¹ described certain pathological phenomena which he considered peculiar to hysterical conditions and which have since been called *Ganser's Symptom*. Much discussion has been aroused, especially in Germany, both as to the interpretation of the symptom and as to the conditions in which it may be found. It is important, in the first place, to distinguish between *Ganser's Symptom* and *Ganser's Symptom-complex* (*Dämmerzustand*) or confusional state. Ganser's description of the symptom-complex was of a condition of hallucinatory confusion beginning acutely, developing rapidly, and quickly diminishing; it is accompanied by hysterical manifestations and is followed by amnesia for the attack; it is especially characterized by the symptom designated *Danebenreden*, a word for which there is no English equivalent, but which might be called *the symptom of approximate answers*—and which is the Ganser's symptom, properly speaking.

The characteristic of the symptom, according to Moeli² and Ganser, is that: *a simple question having been asked, the patient's answer, though incorrect, shows a somewhat near relation to the correct reply and to the question itself, a relation indicating that the sense of the question has been comprehended and, moreover, that the general circle of ideas to which the correct answer belongs has been aroused, even if the single correct idea has not been raised to conscious existence.* For example: *Question*, How many months are there in a year? *Answer*, Four. *Ques.* What day comes after Sunday? *Ans.* Tuesday. *Ques.* What is this? (table) *Ans.* A chair. When this type of answer follows a whole series of questions, the symptom is considered typical and is regarded by Ganser as an hysterical stigma.

According to Henneberg,³ cases which correspond exactly to Ganser's description of the symptom-complex are very rare, and

he doubts if it is worth while to retain such a term as *the Ganser Confusional State*; it is the symptom of *Danebenreden* which has produced discussion, and it is this symptom to which there is reference in this paper. The intention is to present here, briefly, an outline of the various opinions given as to the significance of *Ganser's Sign*, adding thereto the interpretation of the answers given to questions put to 170 patients of different varieties at Butler Hospital.

Vorster⁴ believes that *Danebenreden* is very frequently found in catatonia and occurs in about 21 per cent of cases, but from his description it is evident that he does not distinguish sharply between Ganser's symptom and the frequent senseless and inadequate answers of the catatonic which bear no relation to the question that has been asked, or are related to it only by some accidental word which appears both in question and answer.

Henneberg found the symptom not only in hysteria, stupor, and dreamy states, but in manic conditions, melancholia and dementia præcox. He says it may also be found in drunkenness and in normal persons when perplexed and also when they intentionally give foolish answers to foolish questions. It is occasionally found with hysterical or hypochondriacal patients who complain much of loss of memory and yet with whom, perhaps, it is difficult to determine the existence of actual mental weakness, in the sense of a permanent defect.

Other observers have noted the symptom in imbeciles and demented when anxious or excited, and have found that it occurs much more frequently in criminal classes than in the non-criminal. Manic cases often show *Danebenreden* as the result of voluntary effort to make jokes.

Nissl⁵ has said that it is very frequent in catatonic negativism. Ganser replies to this by saying that it is a symptom of an *hysterical* condition in catatonia.

Raecke⁶ thought it merely a stigma of hysteria.

Soukhamoff⁷ believes it to be an hysterical stigma, but thinks it may also appear in dementia præcox. He considers it an associational disorder, a partial memory disarrangement.

In the series of 170 cases examined by the writer, 110 answered the questions correctly; 40 answered more than half correctly, and 17 answered more than half incorrectly for reasons that it is not

within the scope of this paper to analyze, as the typical Ganser's symptom was not exhibited.

Three cases showed *Danebenreden* and these cases were investigated further; an analysis may add something to the numerous interpretations already given.

Case I. Male; age 39; diagnosis: dementia præcox of hebephrenic type.

<i>Ques.</i> —How many months in a year?	<i>Ans.</i> —Forgotten.
Number of cents in a dollar?	50
What year is it?	1899.
How many days in the week?	6.
6 x 7?	44.
What is this coin (half dollar)?	\$1.10.
Count to ten.	10, 2, 3, 5, 7, 9, 10.
Where are you?	With Ives (incorrect).
What is this (rubber fountain pen)?	Rubber pen.
What is this (sheet of paper)?	Ft. Adams.
How many fingers have I up (3)?	10.
How many eyes has a man?	4.
What is the day after Sunday?	Tuesday.

At a later examination, by another examiner, the patient was given a series of complicated and comprehensive mental tests. His effort throughout was good, comprehension excellent, and attention was held very closely. The average of the tests was far below normal but moderately good for a patient of the dementia type. At the end of this examination the patient was shown various objects and named them all correctly. Being asked to tell the year he answered, "Well, I'll tell you the same as I told the other man." After a pause says, "1905." (Well, is that the same you told the other man?) "No. I told him it was 1899." (How long have you been here?) "Over 6 years." (When did you come?) "August 8th, 1899." (Correct.) (How many days are there in a week?) "6." On being asked several times how many days there were in a week finally said, "If I answer straight I suppose there are 7." (What is the day after Sunday?) "Tuesday." (Is that the way you answered the other man?) "Yes." (Well, is it correct?) "Well, I suppose the day after Sunday is Monday." (Count to 10.) After much preliminary talk, holds up his finger and counts ten correctly. (Did you count correctly when you were asked to before?) "No,

I didn't." (Now, Mr. L., tell me why you counted so foolishly before when you can count correctly?) "I wasn't paying much attention." (What place is this?) "Butler Hospital for the Insane." (Is that the answer you gave when asked before?) "No, it isn't." (Will you answer a question frankly and honestly?) After a long pause, "Why, yes, I will." (Then, why did you answer the questions incorrectly before?) "Well, you know, if you put a man up among a lot of crazy people he is apt to get smart on the doctors." (And so you did it out of pure contrariness?) "Well, I had an idea that you were chasing a new man in on me, and I didn't think the questions amounted to anything."

The other two cases of dementia præcox which showed *Danebenreden* were examined a second time by another examiner and each, after tactful questioning, gave at last in almost identical words his reason for giving purposely incorrect answers, saying "the questions were foolish."

A summary of the analysis made of the three cases presenting Ganser's symptom leads the writer to the following conclusions: the symptom may be found in a variety of mental states, and might readily be put down as a symptom characteristic of this or that psychosis, but further and more thorough examination will probably reveal that the answer has been given, not because of an associational disorder, but for some simpler reason; for example, because the patient thinks that foolish questions deserve a foolish answer, as suggested by *Henneberg*, or thinking that the observer regards him as insane he will act in an insane manner. These answers are lazy; when the patient for one of various reasons desires to answer incorrectly, it is easier to give an answer more or less relevant to the question asked than to start a new thought process and reply from an entirely remote circle of ideas. It seems fair to say that in many cases too much importance has been attached to *Danebenreden* and that further analysis would show that it was not a necessarily significant symptom but a matter of suggestion, perversity, obstinacy, or carelessness. At least for the dementia præcox patient these conclusions probably hold good. It is possible that the symptoms may have another meaning with hystericals, but this seems improbable when we consider the notorious perversity of these patients. The desire to answer incorrectly combined with the wish to answer with greatest possi-

ble ease would seem to form a sufficient explanation for the larger part of the cases.

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