
The clinical roots of the schizophrenia concept

TRANSLATIONS OF SEMINAL EUROPEAN
CONTRIBUTIONS ON SCHIZOPHRENIA

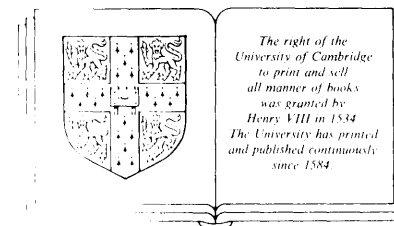
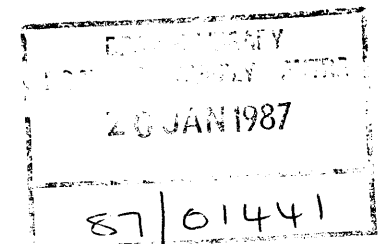
Edited by

JOHN CUTTING

Consultant Psychiatrist, Bethlem and Maudsley Hospitals, London

M. SHEPHERD

*Professor of Epidemiological Psychiatry
Institute of Psychiatry, London*



CAMBRIDGE UNIVERSITY PRESS

Cambridge

London New York New Rochelle

Melbourne Sydney

Contents

	<i>Preface</i>	vii
	Introduction	1
Part I	German-language contributions	11
A	<i>The clinical and psychological analysis of dementia praecox</i>	
	Emil Kraepelin Dementia praecox	13
	Otto Diem The simple dementing form of dementia praecox	25
	Otto Gross Dementia sejunctiva	35
	Erwin Stransky Towards an understanding of certain symptoms of dementia praecox	37
	Wilhelm Weygandt Critical comments on the psychology of dementia praecox	42
	Joseph Berze Primary insufficiency of mental activity	51
B	<i>The introduction of the term schizophrenia</i>	
	Eugen Bleuler The prognosis of dementia praecox: the group of schizophrenias	59
C	<i>The evolution of the concept of schizophrenia</i>	
	Karl Kleist Alogical thought disorder: an organic manifestation of the schizophrenic psychological deficit	75
	Gustav Störring Perplexity	79
	Ludwig Binswanger Extravagance, perverseness, manneristic behaviour and schizophrenia	83
	Paul Matussek Studies in delusional perception	89
	Gerhardt Schmidt A review of the German literature on delusion between 1914 and 1939	104
D	<i>The present state of psychopathology</i>	
	Werner Janzarik The crisis in psychopathology	135
Part II	French language contributions	145
	Philippe Chaslin Discordant insanity	147

Ernest Dupré and Jean Logre Confabulatory delusional states	159
Paul Sérieux and Joseph Capgras Misinterpretative delusional states	169
Gaétan Gatian de Clérambault Psychoses of passion	182
Eugene Minkowski The essential disorder underlying schizophrenia and schizophrenic thought	188
Jacques Lacan The case of Aimée, or self-punitive paranoia	213
<i>Index</i>	227

Preface

The purpose of this collection of translations is to acquaint contemporary students of schizophrenia with some of the seminal works on the subject. While the literature on the subject of schizophrenia continues to grow at an enormous rate, the quality of some recent work suffers in some measure because the pressure to publish discourages workers from placing their own findings in historical context. The editors hope that by consulting papers in this collection, contemporary students will be able to enrich and broaden their own contributions.

This book would not have been possible without expert translators, and we should like to thank both Miss Helen Marshall, ex-librarian of the Institute of Psychiatry, and Dr Ralph Emery, formerly consultant psychiatrist at Brookwood Hospital, Surrey, for their labours.

Some of the papers are not translated in full. This is indicated in the text by the usual convention – . . .

J. Cutting
M. Shepherd

Introduction

The concept of dementia praecox or schizophrenia has undergone marked changes since its original formulations by Kraepelin and Bleuler at the turn of the century. At that time it was regarded as a brain disease differing from other neurological conditions only in the tantalising absence of any definite observable pathology at post-mortem.

Between the two World Wars a marked divergence of opinion developed concerning its nature. Different countries, different schools of thought and various eminent psychiatrists all had their own viewpoints, most of them at variance with Kraepelin's original concept. There was a shift away from an organic towards a social formulation, attributable in some measure to the absence of detectable brain pathology and the undoubted social deterioration which was out of keeping with any intellectual decline.

In the 1950s and 1960s despite the appearance of new psychotropic drugs, the psychological and social formulations were so influential that some authorities even suggested that schizophrenia was an artefact, a construct designed to label misfits as mad, and that the early clinicians had been duped into thinking that their patients were ill. By the 1970s it became clear that this was too extreme a view, and various workers and international bodies began to develop reliable but empirical ways of defining the condition. Nonetheless, there was still no identifiable cerebral disorder to validate these definitions.

In the last few years, however, it has become apparent that the absence of gross brain pathology does not in itself eliminate an organic basis for schizophrenia. More subtle disorders, exemplified by neurotransmitter abnormalities or a physiological imbalance between the activity of the two hemispheres have come to the fore and are attracting the attention of many neuroscientists working in the field.

In retrospect, it is now apparent that Kraepelin, his contemporaries and immediate successors, who were so often vilified by the 'anti-psychiatrists' and their sympathisers, deserve to be re-read in the light of the advances in biological psychiatry and the growth in neuropsychological knowledge of the last decade. The purpose of this collection is to acquaint contemporary students of schizophrenia with the views of their European predecessors in the earlier part of the century, not merely as a historical exercise in praise of famous men, but to show how the descriptions and psychological speculations of these clinicians have anticipated contemporary formulations. Each of the extracts translated here has been chosen either for its contemporary importance or for its relevance to current notions of schizophrenia.

The first section contains translations of work by Kraepelin, Diem, Gross, Stransky, Weygandt and Berze. Kraepelin's article is the first account in the literature of dementia praecox, the condition which Bleuler renamed the schizophrenias. Kraepelin's description of dementia praecox in the 1913 edition of his textbook was translated into English in 1919, but this very first account, succinct in form and bold in conception, deserves to be more widely known.

Simple schizophrenia, as described in Diem's article, has been something of a diagnostic enigma ever since Bleuler included it alongside the more obvious varieties. It is rarely diagnosed these days in Europe or America and many psychiatrists have recommended that the concept be abandoned (Stone *et al.*, 1968). However, there are several pointers in the recent literature to its diagnostic usefulness, and a case can be made for its resurrection. For example, schizophrenia is often regarded as a spectrum of disorders which include certain types of abnormal personality as well as a core group with frank psychosis (Rosenthal *et al.*, 1968). The link between psychotic individuals and certain non-psychotic eccentrics has been established by showing that both may emanate from the same genetic stock (Parnas *et al.*, 1982). What these two types of individual share, according to Siever & Gunderson (1983), is 'social isolation and suspiciousness' and, in particular, an autistic way of life. The simple schizophrenia of Diem and Bleuler can thus be seen as an early attempt to identify a schizophrenic psychological profile in non-psychotic but schizoid individuals. Another recent trend in the direction of Diem's concept is the recognition of similarities between *infantile autism*, particularly in its milder form, *Asperger's syndrome*, a personality type which resembles autism in certain ways, *schizophrenia* itself, and *schizoid personality*. Autism has hitherto been regarded by most authorities (e.g. Rutter, 1985) as quite

distinct from schizophrenia, but this is now being questioned by investigators who have noted that the latter condition can supervene on the former (Howells & Guirguis, 1984). Further, the psychological profiles of autism (Rutter, 1985), Asperger's syndrome (Wing, 1981) schizophrenia (Cutting, 1985) and schizoid personality (Wolff & Chick, 1980) show many similarities. Simple schizophrenia can thus be regarded as an early description of a developmental disorder of thinking and feeling which does not progress to a frank psychosis. Diem recognised that such individuals frequently came to the notice of the forensic services, a point also noted in the case of Asperger's syndrome by Mawson *et al.* (1985), and in the case of schizoid individuals by Chick *et al.* (1986).

Consciousness and its pathological varieties constituted a common topic of scientific interest in the first two decades of the century, but from the 1920s, however, the advent of behaviourism as a mainstream model of psychology in the Anglo-American world discouraged any discussion of the role of altered consciousness in schizophrenia until recently. In the last decade, however, several authors have reintroduced the concept to explain some of the symptoms of the condition. Two articles translated here, those by Gross and Berze, directly examine the possibility that disturbed consciousness might underlie many of the phenomena seen in schizophrenia. According to Gross, there is a general breakdown in the cerebral processes responsible for generating consciousness. Berze indicated how this might explain such symptoms as depersonalisation, split personality and personality deterioration. In the past 10 years several workers have come to stress the importance of disturbed consciousness in schizophrenia. Frith (1979), for example, has proposed that: 'the symptoms of schizophrenia can be interpreted as a result of a defect in the mechanism that controls and limits the contents of consciousness. This defect can be understood as excessive self-awareness'. Jaynes (1976), on the other hand, has suggested that schizophrenics might have an unusually restricted consciousness. Nasrallah (1982) has speculated on whether some of the characteristic features of schizophrenia, notably the belief that thoughts and feelings are alien and controlled from outside, might arise as a result of excessive awareness by one hemisphere of the activity of the other. Because of the relationship between them, he argued, the dominant left hemisphere would not appreciate that the source of this increased activity was in the right hemisphere and would attribute it instead to an external agent.

The article by Stransky shows remarkable insight into the most

characteristic of all schizophrenic features, the dissociation between and within mental functions. This is also stressed by Bleuler and in the paper by Minkowski. There is a topical flavour to Stransky's speculation on an imbalance, an 'intrapsychic ataxia' as he calls it, between the noo-psyche (intellectual side of life) and the thymo-psyche (emotional side of life). It was not until the 1950s, however, that the role of the right hemisphere in nonverbal perception and communication was appreciated and the late 1960s before the effects of hemisphere disconnection were recognised. In the last 10 or 15 years a large literature has sprung up concerning the possible relevance of hemisphere imbalance to schizophrenia (Gur, 1978; Flor-Henry, 1983; Cutting, 1985), and Stransky's speculations now appear remarkably prescient in the light of recent neuropsychological research on the lateralisation of cerebral functions.

Weygandt's article touches on a number of principles concerning the nature of schizophrenia, which were generally ignored for most of the century, but are now more or less established truths. He states, first, that schizophrenia is a disease of the brain, a statement which most North American psychiatrists have disputed until recently (Henn & Nasrallah, 1982). As a corollary, Weygandt is particularly critical of the attempts of Freud and subsequent psychoanalysts to regard schizophrenia as a neurosis, akin to hysteria, related causally to such factors as early life experiences, particularly the exposure to ambiguous and inconsistent child rearing, the effects of life events and various types of family environment. Little support has been provided for any of these hypotheses and Weygandt's position with regard to schizophrenia has been supported by most recent studies (e.g. MacMillan *et al.*, 1986).

The second section contains only one paper, that by Bleuler in which he first used the term schizophrenia. This too, has never been translated into English although his monograph, published three years later, was translated in 1950. The present article is, however, a useful synopsis of his larger work, and indicates the development as well as the origin of ideas on schizophrenia.

The third section contains articles by Kleist, Störring, Binswanger, Matussek and Schmidt. These were all written between 1930 and 1960, and show the divergence of opinion which developed concerning the nature of schizophrenia, even within German-speaking countries. Schmidt's comprehensive review on delusions illustrates well the richness and variety of psychiatric thought which was current in Germany between the two World Wars.

Kleist represents one extreme of this spectrum of ideas, but one which is undergoing a revival in recent years, particularly among North American neurologists such as Geschwind (Geschwind & Galaburda, 1985) and Cummings (1985), who all regard organic psychiatry as a branch of neurology. Kleist's concern with the similarities between the language and thought of schizophrenics and those of subjects with definite temporal or frontal lobe damage has also a modern counterpart among psychiatrists like Flor-Henry (1983) who regard the psychoses associated with temporal lobe epilepsy as a possible model of schizophrenia. Finally, Kleist's interest in the structure of language and thought in schizophrenia has been revived during the past decade, when several linguists (Chaika, 1974; LeCours & Vanier-Clément, 1976; Brown, 1977) have conducted careful analysis of the material and have compared the abnormalities with those found in aphasia from a known focal lesion.

If Kleist is located at the organic end of the spectrum of views on schizophrenia, Binswanger is at the other extreme. His existential analysis of the personal meaning of certain schizophrenic symptoms may appear far-fetched and fanciful to modern readers, but it may be recalled that only 25 years ago Laing's (1959) *The Divided Self* captured the imagination of countless non-medical professionals involved in caring for schizophrenics. Laing borrowed freely from Binswanger, and, by incorporating social and psychoanalytical components, made Binswanger's idea more appealing and less turgid. A strictly existential account of schizophrenia has little support nowadays, but elements of Binswanger's approach are still to be found outside the main psychiatric and psychological journals and in imaginative literature.

Perplexity, the topic of Störring's article, is rarely discussed in the Anglo-American literature, except as a diagnostic feature of non-schizophrenic functional psychoses such as cycloid psychosis (Perris, 1974). There is no psychological literature on the symptom, nor are its links with schizophrenia as clear as Störring appears to believe. Nevertheless, it is a common and relatively uninvestigated phenomenon and merits more attention.

Matussek and his teacher Conrad (1958) were among the first to recognise the importance of a disorder of perception in schizophrenia. Neither Kraepelin nor Bleuler regarded a perceptual disorder as part of the psychological deficit, and delusional perception, despite being recognised as a central feature of schizophrenia, had been regarded as a disorder of thinking rather than of perception (see Gruhle's account in Schmidt's article, page 106). Matussek appreciated that Gestalt

psychology provided a broader model of perception than that permitted by the associationist or behavioural schools, and one which might explain at least the early stages of schizophrenia. Since that time several psychologists have followed this lead and there are now a number of robust experiments showing that schizophrenics are especially impaired in their *Gestalt* appreciation in a perceptual task (Schwartz Place & Gilmore, 1980; Frith *et al.*, 1983).

The fourth section also contains a single article, that by Janzarik, one of the most eminent contemporary German psychiatrists. Its content differs from the others, and it is included as a concise statement of the present state of Central European research in the field of psychopathology. The paper is based on a lecture given when the anti-psychiatry movement in Germany was at its height. It can be read both as an apologia for much of the material of this book and as a plea for the continuation of psychopathological research.

The final section contains articles by French psychiatrists—Chaslin, Dupré & Logre, Sérieux & Capgras, de Clérambault, Minkowski and Lacan. The views of Kraepelin and Bleuler have never been wholly accepted in France, where a somewhat idiosyncratic system of classification exists (Pichot, 1982). The French concept of functional psychosis consists in a narrowly defined category of schizophrenia, similar to the concept of the hebephrenic subgroup only, and a number of discrete psychoses, which replace the more customary concept of paranoid schizophrenia.

Chaslin's '*discordant insanity*', a term which never became popular, even in France, is very similar to the notion of hebephrenic schizophrenia. All his four subgroups of '*discordant insanity*' exhibit marked thought disorder and affective flattening, the two prominent features of the hebephrenic type. In recent years there has been a tendency to pay more attention to subgroups of schizophrenia, e.g. to divide the condition into familial and sporadic forms (Winokur *et al.*, 1974). Further, the familial variety tends to present with hebephrenic features and the sporadic to have a variety of environmental causes and paranoid features (Kendler & Hays, 1982). Such findings may give some support to the French tradition of restricting the concept of schizophrenia to the hebephrenic variety, represented here by Chaslin's '*discordant insanity*'.

Dupré & Logre's account of '*délires d'imagination*', translated here as '*confabulatory delusional states*', illustrates another characteristic trend in French psychiatry, i.e. to subdivide paranoid states according to the mental function which appears most affected. Hitherto Anglo-American

can workers have tended to eschew the use of discrete diagnostic labels for a functional psychosis other than schizophrenia, mania, depressive psychosis and possibly schizoaffective psychosis and to pay relatively little attention to the origin and development of delusions *per se*. These habits are changing. There is a small but growing interest in what Winokur (1977) has called delusional disorder, pure delusional states without any other characteristics of schizophrenia or affective disorder. There are also several research projects in progress (e.g. Garety, 1985) examining the nature of belief in deluded subjects. A '*selective disorder of the faculty of creative imagination*', as suggested by Dupré & Logre, may well prove to be one route for the development or maintenance of a delusion.

Sérieux & Capgras' '*déire d'interprétation*', translated here as a '*misinterpretative delusional state*', is an even more persuasive account of how delusions can arise, in this case solely through false reasoning. There are numerous studies examining the role and nature of disordered reasoning in schizophrenia. Two recent investigations (Robertson & Taylor, 1985; Liddle, 1986) found that although deteriorated and hebephrenic schizophrenics had marked deficits in concept attainment tasks, otherwise well-preserved deluded subjects performed no worse than normal controls. This might suggest that false reasoning is not a common cause of delusional development, but may play a part in a subgroup of deluded subjects, as suggested by Sérieux & Capgras.

De Clérambault's name as the originator of the term erotomania is well known, though his writings on the matter have not, to our knowledge, been translated before. The general concept of '*psychoses passionnelles*', translated here as '*psychoses of passion*', is recognised in the psychoanalytical literature and under other names has been discussed in the general psychological literature. Behaviourists, for example, have attributed delusional formation to excessive anxiety or drive (Mednick, 1958; Broen & Storms, 1966). The recent attempts to modify delusions by means of cognitive therapy (e.g. Hartman & Cashman, 1983) has highlighted the importance of emotion in the maintenance of a delusion, though not necessarily in its causation.

Minkowski brought a wholly individual approach to schizophrenia, and it is difficult to place him neatly within a particular school of thought, or even to say at which end of the organic-psychosocial spectrum he should be placed. One of the editors of this book, however, considers that his ideas can only now be seen as providing insight into the nature of schizophrenia (Cutting, 1985). Although sometimes expressed in rather poetic fashion and drawing heavily on

Bergson's philosophy, his concepts are original. Five points stand out. First, there is the notion of autism, which he places above most other phenomena, and to which he gives even more emphasis than Bleuler. Secondly there is his careful analysis of the difference between intellectual dementia, as observed in true organic conditions, and schizophrenic dementia; he concludes that it is common sense or pragmatic knowledge of the world which suffers most in schizophrenia. Thirdly, there is his notion of the schizophrenics' pre-occupation with space and their relative neglect of the temporal aspects of their life. Fourthly, there is his astute observation that the schizophrenic is over-intellectual and over-abstract in his thinking to the detriment of any psychological, emotional and social considerations. The only modern counterpart to these ideas is the current trend, as mentioned above, to link autism, Asperger's syndrome, schizoid personality and schizophrenia. Finally, his list of what he and his wife termed 'atrophied' and 'hypertrophied' aspects of thought almost exactly mirrors the lists of those functions or aspects of the world which are selectively dealt with by each hemisphere (Bogen, 1969). In this way Minkowski, like Stransky, foreshadows the present interest in cerebral hemispheric imbalance (Cutting, 1985).

Lacan's article is included as a particularly insightful and well formulated example of a psychogenic psychosis. The concept of a psychogenic or reactive psychosis, one entirely attributable to personality disorder or adverse life events without any genetic or organic abnormalities, has been a recurrent theme throughout the history of psychiatry. Whether Lacan is correct in the precise formulation of the psychological mechanism in his case is open to doubt, but the concept will continue to survive until such time as the organic and genetic causes of psychosis are clearly established.

As a group, therefore, these 19 papers merit careful study not only for their historical interest but for their contemporary relevance to the study and understanding of schizophrenia.

References

- Bogen, J. E. (1969) The other side of the brain. *Bulletin of the Los Angeles Neurological Society* **34**, 135-62.
- Broen, W. E. & Storms, L. H. (1966) Lawful disorganisation: the process underlying the schizophrenic syndrome. *Psychological Review* **73**, 265-79.
- Brown, J. (1977) *Mind, Brain and Consciousness: the Neuropsychology of Cognition*. New York: Academic Press.
- Chaika, E. (1974) A linguist looks at "schizophrenic language". *Brain and Language* **1**, 257-76.

- Chick, J. et. al. (1986) Schizoid personality and antisocial behaviour. *Psychological Medicine* (In Press).
- Conrad, K. (1958) *Die Beginnende Schizophrenie*. Stuttgart: G. Thieme.
- Cummings, J. (1985) *Neuropsychiatry*. New York: Academic Press.
- Cutting, J. (1985) *The Psychology of Schizophrenia*. Edinburgh: Churchill Livingstone.
- Flor-Henry, P. (1983) *Cerebral Basis of Psychopathology*. Bristol: John Wright.
- Frith, C. D. (1979) Consciousness, information processing and schizophrenia. *British Journal of Psychiatry* **134**, 225-35.
- Frith, C. D., Stevens, M., Johnstone, E. C., Owens, D. C. & Crow T. J. (1983) Integration of schematic faces and other complex objects in schizophrenia. *Journal of Nervous and Mental Diseases* **171**, 34-9.
- Garety, P. (1985) Delusions: problems in definition and measurement. *British Journal of Medical Psychology* **58**, 25-34.
- Geschwind N. & Galaburda, A. M. (1985) Cerebral lateralisation. *Archives of Neurology* **42**, 634-54.
- Gur, R. E. (1978) Left hemisphere dysfunction and left hemisphere overactivation in schizophrenia. *Journal of Abnormal Psychology* **87**, 226-38.
- Hartman, L. M. & Cashman, F. E. (1983) Cognitive-behavioural and psychopharmacological treatment of delusional symptoms: a preliminary report. *Behavioural Psychotherapy* **11**, 50-61.
- Henn, F. A. & Nasrallah, H. A. (1982) (eds) *Schizophrenia as a Brain Disease*. New York: Oxford University Press.
- Howells, J. G. & Guirguis, W. R. (1985) Childhood schizophrenia 20 years later. *Archives of General Psychiatry* **41**, 123-8.
- Jaynes, J. (1976) *The Origin of Consciousness in the Breakdown of the Bicameral Mind*. Boston: Houghton Mifflin.
- Kendler, K. S. & Hays, P. (1982) Familial and sporadic schizophrenia: a symptomatic, prognostic and E.E.G. comparison. *American Journal of Psychiatry* **139**, 1557-62.
- Laing, R. D. (1959) *The Divided Self*. London: Tavistock.
- LeCours, A. R. & Vanier-Clément, M. (1976) Schizophrenia and jargonaphasia. *Brain and Language* **3**, 516-65.
- Liddle, P. F. (1986) Schizophrenic syndromes, cognitive performance and neurological dysfunction. *Psychological Medicine* (In Press).
- MacMillan, J. F., Gold, A., Crow, T. J., Johnson, A. L. & Johnstone, E. C. (1986) Expressed emotion and relapse. *British Journal of Psychiatry* **148**, 133-43.
- Mawson, D., Grounds, A. & Tantum, D. (1985) Violence and Asperger's syndrome: a case study. *British Journal of Psychiatry* **147**, 566-9.
- Mednick, S. A. (1958) A learning theory approach to research in schizophrenia. *Psychological Bulletin* **55**, 316-27.
- Nasrallah, H. A. (1982) Laterality and hemispheric dysfunction in schizophrenia. In *Schizophrenia as a Brain Disease* (ed. F. A. Henn & H. A. Nasrallah). New York: Oxford University Press.
- Parnas, J., Schulsinger, F., Schulsinger, H., Mednick, S. A. & Teasdale, T. T. (1982). Behavioural precursors of schizophrenia spectrum. *Archives of General Psychiatry* **39**, 658-64.
- Perris, C. (1974) A study of cycloid psychosis. *Acta Psychiatrica Scandinavica Supplement* **253**.
- Pichot, P. (1982) The diagnosis and classification of mental disorders in French-speaking countries. *Psychological Medicine* **12**, 475-92.
- Robertson, G. & Taylor, P. J. (1985) Some cognitive correlates of schizophrenic illnesses. *Psychological Medicine* **15**, 81-98.

- Rosenthal, D., Wender, P. H., Kety, S. S., Schulsinger, F., Welner, J. & Ostergaard, L. (1968). Schizophrenics' offspring reared in adoptive homes. In *The Transmission of Schizophrenia* (ed. D. Rosenthal & S. S. Kety). Oxford: Pergamon.
- Rutter, M. (1985) Infantile autism and other pervasive developmental disorders. In *Child and Adolescent Psychiatry*, ed. M. Rutter & L. Hersov, 2nd edn. Oxford: Blackwell.
- Schwartz Place, E. J. & Gilmore, G. C. (1980) Perceptual organization in schizophrenia. *Journal of Abnormal Psychology* **89**, 409-18.
- Siever, L. J. & Gunderson, J. G. (1983) The search for a schizotypal personality: historical origins and current status. *Comprehensive Psychiatry* **24**, 199-212.
- Stone, A. A., Hopkins, R., Mahnke, M. W., Shapiro, D. W. & Silverglate, H. A. (1968) Simple schizophrenia: syndrome or shibboleth. *American Journal of Psychiatry* **125**, 305-12.
- Wing, L. (1981) Asperger's syndrome. *Psychological Medicine* **11**, 115-30.
- Winokur, G. (1977) Delusional disorder (paranoia). *Comprehensive Psychiatry* **18**, 511-21.
- Winokur, G., Morrison, J., Clancy, J. & Crowe, R. (1974) Iowa 500: the clinical and genetic distinction of hebephrenic and paranoid schizophrenia. *Journal of Nervous and Mental Diseases* **159**, 12-19.
- Wolff, S. & Chick, J. (1980) Schizoid personality in childhood: a controlled follow-up study. *Psychological Medicine* **10**, 85-100.

I

German-language contributions