

reflexes were exaggerated. He gradually became weaker, his pulse more rapid and his respiration shorter until the hour of his death, which occurred about seventy-two hours after admission.

Diagnosis.—The diagnosis that was made in this case was the catatonic form of dementia præcox. This seemed at the time rather a doubtful diagnosis, and we began to ask ourselves, "Is it Hysteria?" "Is it some form of Paresis?" "Or is it Peripheral Neuritis complicated by Hysteria?" Again one might suspect some form of brain tumor because of the stupor, the inco-ordination and the loss of control of the deep reflexes, but we had to remember that we had no change in the retina, no headache and no vomiting, and we did have resistance to passive movement, indifference and negativism.

The diagnosis was confirmed by the post mortem examination, which was made by Dr. Ernest Jones.

DEMENTIA PRAECOX.

J. P. HARRISON, M.D.,

Assistant in Clinical Medicine, University of Toronto; Clinical Assistant, Toronto Hospital for the Insane.

Dementia Præcox is a psychosis of peculiar interest at the present time, constituting as it does the most complex and the most frequent form of mental disease.

The importance of an early diagnosis cannot be too fully emphasized, and the object of this paper, which deals chiefly with the general symptoms and prognosis, is to bring the physician in closer touch with the malady.

This disease is essentially one of the period of puberty and adolescence. It is characterized by a dementia that tends to progress, but which is frequently interrupted by remissions. The majority of cases occur between the ages of twenty and forty, though cases have been reported