before application is made for their admission to the Hospital for Insane.

If it would not trespass too much on your time, I would rapidly run over the more prominent indications at the commencement.

The first symptom likely to be marked is an alteration in the patient's manner and habits, which may be noted by those familiar with him. This is likely to be a precursor in any form of insanity, but in the *paralytic* form it is nearly always shewn by extravagance in acts, expenditure of money, presents, or assertions, and there is a silliness about the acts not seen with ordinary maniacs or melancholics, who can, and often do, reason and argue sharply, although, mayhap delusionally.

The *paretic* or *paralytic* (similar terms) has no shrewd argument in favor of his outrageous acts. He may expose his person, half unconscious of what he is about, or assault women without regard to place, opportunity, or consequences. He is regardless of appointments, of meals, of bedtime, &c.; comes and goes scarcely noticing those about him; gives conflicting and absurd orders to servants and others, and rages with passion if they be not executed on the instant. There is a want of plan and method in his madness.

A most important symptom is forgetfulness. He forgets anything and everything—this is observable in many ways; he is also apathetic and indifferent, or careless about that which formerly interested him. When he takes up new schemes his attention soon flags, and his interest vanishes. There is, in short, in his whole manner weakening of mind, not unlike senile dementia, and this occurring in a vigorous man of, say 35, indicates the mental ruin to ollow.

Sometimes in the early stages, he is dull, sulky, less frequently depressed and melancholic, but careless of all, save the idea of the moment. He gets into a violent rage when remonstrated with, or thwarted, he sleeps badly, eats and drinks irregularly, perhaps voraciously from inattention and forgetfulness of what he has taken. He spills his food on his dress, eating in careless haste; is neglectful of person and appearance, often dressing in incongruous garb. By degrees his condition merges into excitement, and with necessary opposition, or interference, the mental alteration becomes manifest insanity.

In this first stage which may continue for a few weeks, or, perhaps, a month or two (never longer, as this is a progessive malady), he is rarely seen by a specialist. The family physician may be consulted, and puzzled to explain a sickness with no well-marked functional disorder—the patient meanwhile drifting into the second stage, or that of *mania*.

The mania in the vast majority is accompanied by delusions of importance, riches, strength, or endurance. The delusional ideas are not fixed, and he will not try to defend them.

If the melancholic tendency presents itself, it also differs by its incongruousness from other forms of melancholia, as his grandiose notions are unlike the delusions of other forms of insanity. He is perfectly at home with his surroundings, feels exquisitely happy, and perfectly contented with himself.

The paralytic symptoms gradually begin to show themselves: defective articulation, tremor of the tongue, dropping letters or words in his spelling, or writing, or conversation, inequality of pupils, and defective progression, or shambling unsteady walk are the more prominent indications.

Epileptoid fits, more or less severe, show themselves during the course of the disease, and not unfrequently life is terminated by a series of severe convulsions.

The ordinary sequences, are imbecility and general enervation, the debility lasting for a varying period, before death relieves the sufferer. In the majority of cases, at the latter part of the disease, it is impossible to conceive of a human being more thoroughly fallen from "his high estate." He is without sense or reason, emaciated and unclean in the extreme. He slowly dies a lingering, unconscious death, without a last glimmer of intelligence to cheer his friends.

There are many other distinctive symptoms which show themselves during residence in the hospital, but it would be rather out of place to discuss a subject here that only presents itself to the few who devote attention to the specialty.