

all, but lapsed into a brown study, and either repeated examiner's questions in a pondering sort of fashion or would say: "How is that, doctor?" Spends a great deal of his time staring into vacancy, with expressionless features. Emotional reaction is of a very superficial type. He followed a request for a razor to commit suicide by a vacant smile and the remark: "I guess it is too much of a speculation."

Delusions are elaborated throughout the examination, *i. e.*, he believes that a girl across the street, whom he does not know personally, was married to him mentally, and is determined to have an actual marriage in order that her good name shall not suffer. Auditory hallucinations apparent when he states that he frequently hears her talking.

His comprehension of situation, apart from delusions spoken of, appears to be fairly good, though he says himself that his mind feels at a complete standstill.

Physical Examination.—Negative.

Note.—January 2, 1910: Patient is very quiet, lounging about the ward most of his time. Is very forgetful. When asked to assist with any work will walk up and down a few times, then stand still until request is repeated. There is seemingly a gradual increasing mental reduction.

Catatonia.

This form is characterized by cyclic alternating periods of depression and excitement, with motor disturbances, stupor, and confusion. The relative prominence of these symptoms varies considerably. Hysterical attacks, with epileptiform convulsions, are common.

In catatonic stupor the principal symptoms are stupor, negativism, and excessive muscular tension. The negativism is manifested in various ways. The patient refuses to eat, pays no attention to the calls of nature, and every request is met by a response that diametrically opposes to the desired act. Attempts to move his limbs meet marked resistance.