

exaggerated, and the eccentricities of character become more pronounced. However, it frequently happens that the precocious dement of this class undergoes rapid intellectual development, but shows capriciousness and emotional instability. He is given to brooding at times over subjects that do not interest children of his age, and is thought by his friends to be singularly unconventional. The seclusiveness is frequently the result of the vague suspicions the patient entertains. He imagines people to be talking in an uncomplimentary manner about him, and that people do not care for his society. The delusions and hallucinations are usually of this unpleasant type. In the milder cases the fallacious sense perceptions are lacking in vividness, but are of a very grotesque character. Visual hallucinations are said to be more common in this form than in the others. There is marked intolerance for alcohol. Intermissions rarely occur, the patient progressing to chronic dementia. The prognosis is accordingly very poor.

Hebephrenia. Male. Aged 25. W. R. Admitted, May 11, 1909.

*Family History.*—Both parents of very neurotic type. One uncle insane. Alcoholic history negative.

*Personal History.*—Early history somewhat indefinite. Was always regarded as a very self-willed, stubborn child. Had few companions, and since 14 years of age has never entered sports or taken active part in things which naturally interest boys. Patient was somewhat backward at school. Left school at 16, and subsequently followed many different occupations, seldom remaining long in any one place. Read considerably, and regarded by family as quite a philosopher. Such matters as the "divinity of Christ" have caused a great deal of speculation on his part. Has been a persistent onanist. Several previous attacks.

*Mental Status.*—Patient is well oriented. Attention is hard to gain. Occasionally patient did not answer at