

three forms, but it is generally characterized throughout its course by a peculiar suspension of emotional activity, and nearly always ends in a state of profound apathy and indifference, rendering the patient quite unfit for anything but institutional life. It is a very common form of mental disorder, including a considerable majority of all cases occurring under twenty-five years of age, and offers an extremely unfavorable prognosis. It seems, moreover, to have been rapidly increasing in frequency of late years. For these reasons, and also because it contributes the greater proportion of the demented to the population of our asylums, it is a variety of mental disease which should receive most earnest consideration.

Just as blunting of the moral sense may be one of the first signs of general paralysis, so the development of bad habits may be prodromal of dementia praecox. A reasonless depression is also an early symptom in a fair proportion of cases. Lack of attentiveness, frequently recurring dreamy states, and especially failure to show natural affection for and interest in parents and friends, are very suggestive symptoms. A state of depression accompanied at the very onset by vivid hallucinations or confused delusions generally indicates dementia praecox. A tendency to silly laughter and grimacing, flightiness and weakness of judgment are all more or less indicative of this disease. It is not until the condition has become very advanced that failure in comprehension or impairment of memory become noticeable.

Kraepelin limits the use of the term melancholia to cases showing a rather characteristic depression, and which generally appear in the involutional period—either coincident with or following upon the climacteric. Apprehension and depression are constant features, but delusions need not be present, and there may in fact be no intellectual defect until the condition has lasted for a long time. Such patients often suicide in spite of the absence of delusions; a fact which is attested to by a long list of self-ended lives. The early recognition of the disorder is consequently of great importance. Amongst the symptoms which first become manifest, certain sensory symptoms deserve consideration. One of these is headache, or perhaps more correctly a peculiar distressing sensation, which is usually persistent and not relieved by sleep, which is often accompanied by variously described paresthetic sensations, and sometimes by vaso-motor disturbances, and which has often associated with it a feeling of weariness and incapacity, and an indefinable fear. Insomnia is another early symptom, which,