

lower level of delusion and more marked insanity. From this he may recover, to reach again the level of alteration, but never regain perfect sanity. He remains an altered man, altered in feelings toward those he loved best, altered in habits, character and conduct. He presents the spectacle of a half-cured patient. Nowadays, as soon as a patient is somewhat better, the friends clamor for his release from the asylum or restraint in which he has been placed; and those who have the care of the insane are prone to release patients, owing to such popular clamor, as soon as improvement reaches a certain point. Consequently, many who might have been cured by longer care and treatment are turned out to take care of themselves in the world at large, and to remain half cured for the rest of their days.

The insanity of a man or a woman in whom we can find no delusions, must be shown by his or her conduct, and in forming an opinion we must examine the case as we would any other in other branches of practice. What is the history of the individual and his relatives? Does insanity exist in his forefathers, or in other members of his family? What has been his manner of life? Has he been intemperate, has he had epileptic attacks, or apoplectic seizures? Is he altered, and, if so, how long has he shown signs of alteration, and have these increased lately? Close examination of one of these altered men may reveal to us the physical signs of a case of general paresis. Unequal pupils, fibrillary tremors of the tongue, or the peculiar dull look of the face will explain beyond doubt the nature of the change, and make a diagnosis easy which otherwise might be difficult. For the early stage of general paralysis presents in many cases a typical moral insanity. The patient makes silly purchases, boasts in a silly way, is forgetful of times and appointments, drinks more than usual, possibly indulges in immorality or theft. Yet no one act is unquestionably that of an insane man, and no one idea is palpably a delusion.

Let us now briefly consider the case where the patient is not suffering from exaltation or depression, has no particular delusions or hallucinations, but is simply mentally enfeebled or deficient. These cases are of two kinds, those whose defect is congenital or the result of arrest of development at an early age, and those who from former attacks, from coarse disease of the brain, or old age, have come to the condition which is commonly called dementia.

And, first, of those who, through congenital defect, or as the result of disease in early life, are through life deficient, not idiots, but weak-minded imbeciles, children in mind throughout life,