First Residence.	Second Residence.
Left arm stronger than right.	Right arm strength diminished, but left arm helpless.
Bicipital reflexes slightly exaggerated.	Bicipital reflexes intensely active.
Right knee jerk absent, left knee jerk exaggerated.	Right knee jerk diminished, left knee jerk absent.
Pupils accommodate slightly to distance. Paradoxical reflex to light.	Accommodation absent.

No physical basis could be found for these changes, and they were put down as manifestations of the psychic disturbance.

The diagnosis was not at all obvious. When the case was presented at a staff conference it was agreed to defer diagnosis. Later the case was presented at one of the conferences open to the physicians of the city, which were held for a few months during the Winter, and suggested diagnoses were Catatonic Dementia Praecox, Hysteria, Epilepsy, and Tumour Cerebri. The two latter were soon dropped, but there was an interesting discussion on the possibility of the case being one of hysteria. No definite diagnosis was made at that meeting, but the majority favoured Catatonic Dementia Praecox. This diagnosis was shortly afterward determined on by the Hospital Staff on the following grounds:

Her whole mental picture before admission shewed progressive mental deterioration such as might be expected in early dementia praecox.

There is no definite history of delusions or hallucinations, though the mother says that she often went to answer the door bell when it had not rung.