

ally would be of great interest is received with striking indifference. Frequently patients make such statements as: "It is as though I see things through a veil, a mist, or through a wall, which separates me from reality. There is an enormous thickness preventing me from feeling moral impressions. I would like to try to think of my little girl, but I cannot. The thought of my child barely passes through my head, and does not leave any feeling."

In addition to this, the intellectual enfeeblement, indicated by the content of thought and shallowness of ideas, is readily perceived. Here comes in the importance of having the previous history of the patient and the normal intellectual capacity of the individual well established. In illustration of this enfeeblement is the total lack of insight that the patient shows into his own condition.

The physical symptoms of dementia præcox are multiform, but none are characteristic. The reflexes are frequently exaggerated, but, beyond this, they show no feature of importance.

The symptoms so far described occur in all three forms, but are more typical of the hebephrenic and catatonic varieties. This matter, however, will be more fully exemplified in the discussion under the different subdivisions.

#### *Hebephrenia.*

The prodromal symptoms of this disease frequently extend over months, and even years. In this type we have a chronic, slowly progressive form of dementia, with few evidences of negativism, stereotypy, motor excitement, or impulsivity. The mental apathy and progressive dementia are the prominent symptoms.

If a careful history is obtained of the onset, it is generally found that the patient has for years shown definite symptoms of alienation, such as eccentricities of character. The friends will say that he was seclusive, jealous, quick-tempered, and often careless as to personal appearance. At or about puberty these symptoms are