

family, or in a moral lapse which may lead to unfortunate legal complications, and cause great mortification to friends. Physical symptoms, especially pupillary phenomena, tremor of lips and tongue, exaggeration of knee jerk, and some blunting of cutaneous sensibility, are commonly to be determined very early in the disease, and are of such diagnostic importance that they should always be looked for in an individual approaching the age of thirty-five or forty, whose general behavior has undergone notable change.

It is not generally recognized that the type of general paralysis has undergone considerable variation of late, and that the mental manifestations are often those of nervous exhaustion, rather than the expansiveness and grandiosity which have colored the classical picture of the disease. Frequently there are early complaints of disordered digestion, lack of energy, disturbed sleep, difficulty in concentrating thought, failure in memory, and uneasy sensations in the head, which are told with such an air of concern, and with such minuteness of detail, as to convince the physician that he has a case of neurasthenia to deal with, and should a careful physical examination be omitted the real condition may be quite overlooked. The danger of this error is increased because of the fact that general paralysis is very prone to occur just at the "neurasthenic age." In some instances the earlier stages of general paralysis are characterized by mental depression, and one might at first think he had melancholia to deal with. The physical symptoms are really the only constant ones in the disease, and they should always be looked for in the first examination of any mental patient. There is, perhaps, no form of alienation in which it is more desirable to have the patient committed to an appropriate institution at the earliest possible moment. Certain it is that if we are ever to escape from the unvaried fatality with which the disease has thus far confronted us, we must diagnose at the very beginning, and institute treatment at once.

Several recent writers have attempted to trace a close analogy between general paralysis, and a condition which is especially apt to appear during the years of adolescence—the dementia praecox of Kraepelin's conception. The term dementia praecox is not ideal, but so large a company of authors have heaped their criticisms upon it that there appears to be no further need for abusing it, and so it is accepted for the purposes of this paper. The condition is one which, in its earlier stages, may present itself in at least two, and possibly in