before an attack of excitement, subjective—or in other words sensory—symptoms are most prominent in antecedence of depressed states of mind. A series of symptoms may precede the depressed phase of manic-depressive insanity, which correspond very closely with those which have been described as premonitory of melancholia. Comparative youth, a bad inheritance, and especially the history of a previous attack of mental trouble, point to the depressed phase rather than to melancholia, and an early appearance of indecision and of loss of capacity for effort, add to the likelihood that an attack of the depressed phase of manic-depressive insanity is impending.

Many attacks of mental trouble have their incidence in an attack of acute bodily illness. The various febrile psychoses, and some of the cases of collapse, delirium, etc., are especially to be thought of in this connection, but an attack of manic-depressive insanity, melancholia, or dementia precox, may be determined in this way. The infectious diseases are most likely to be followed by mental disorder, and typhoid seems to be particularly apt to leave behind it a mental warp. Sometimes the mental symptoms so obscure the clinical picture that the underlying general disease may be overlooked. Psychical enfeeblement in the spheres of comprehension, thought, memory, emotion and action, suggest a coexisting physical condition, making its damaging influence felt in all these directions, and it is especially associated with an acute infection that such mental symptoms are found. Occasionally mental symptoms may really antedate other symptoms of an acute febrile process.

My paper is intended to be suggestive. Enough has been outlined to show that, even with our present knowledge, the watchful family doctor may often be able to detect mental disorder in its incipiency—when the greatest likelihood exists of improvement under treatment. Of course in estimating the importance of prodromal symptoms, one should give full value to the natural temperament of the individual. In a predisposed individual, such symptoms as have been noted may be of the most serious import, while in one whose family history and personal past are good, they may mean but little. It may at times be very difficult to determine when one has to deal with prodromata and when with an actual attack. Much observation will be necessary before our knowledge will have attained anything like a satisfactory degree of accuracy.