

CATATONIC DEMENTIA PRABCOX. 89

of distinctly diminished force. She was not able to move the left hand at all, but could move the trunk and both legs. The muscles of the right arm were hypertonic, and when the arm was raised it was let down in jerks. The left arm fell helplessly. The pupils were concentric and round, the left slightly larger than the right. The eyes did not accommodate to light or distance, and there was a mild photophobia.

Skin sensation was dull. Both brachial reflexes were intensely active, the nearest tap in the antibrachial region eliciting rapid and strong contraction of the biceps; tricipital and carpal reflexes absent; abdominal reflex absent; right patellar diminished, left absent; both plantars diminished; no Achilles; no Harnig.

The patient knew where she was, gave the day of the week correctly and recognized persons above her. She answered very slowly and was hard to rouse. There was marked psycho-motor retardation. But if a question was asked once or twice and the patient left alone she usually gave an answer in from one-half to one minute.

Her only catagoric speech was to say several times during examination: "There must be a convulsion somewhere."

She was very dull and stupid, never spoke unless coaxed and then only a few words which, as a rule, had to be suggested to her. However, she would sing, and if anyone on the ward said, "Has anyone here seen Kelly," she would sing that line over and over.

Her condition remained unchanged up to the time of her discharge, late in February.

She remained in bed, huddled up, the bedclothes drawn over her head and resisted any attempt to move them. Her muscles remained hypertonic and she kept her limbs always in the same posture, the legs drawn up and the arms across the face. She had stereotyped movements of the mouth and forehead and a manneristic snuffling.

A comparison of some of the physical anomalies during her first and second residences in the hospital is of interest:

*There has been characteristic stereotyped movements of the arms and legs. The arms were drawn across the face and the legs were drawn up. The head was huddled up. The patient was very dull and stupid. She answered very slowly and was hard to rouse. There was marked psycho-motor retardation. But if a question was asked once or twice and the patient left alone she usually gave an answer in from one-half to one minute. Her only catagoric speech was to say several times during examination: "There must be a convulsion somewhere." She was very dull and stupid, never spoke unless coaxed and then only a few words which, as a rule, had to be suggested to her. However, she would sing, and if anyone on the ward said, "Has anyone here seen Kelly," she would sing that line over and over. Her condition remained unchanged up to the time of her discharge, late in February. She remained in bed, huddled up, the bedclothes drawn over her head and resisted any attempt to move them. Her muscles remained hypertonic and she kept her limbs always in the same posture, the legs drawn up and the arms across the face. She had stereotyped movements of the mouth and forehead and a manneristic snuffling. A comparison of some of the physical anomalies during her first and second residences in the hospital is of interest:*