a feeling of weakness and a flabby state of the muscles, class amongst the prodromal symptoms of melancholia, and constipation—frequently of a most obstinate type—is extremely common. Digestive disturbances, with consequent nutritional defect and loss of weight, often coexist. The mental symptoms appear gradually, as a rule, and slowly increase in intensity. Some emotional depression may be noted early, but memory remains good for a long period, and the patient is frequently able to talk intelligently and usually without manifest effort during this time.

In the forms of insanity which tend to recur, there is offered an especially good opportunity for studying the early symptoms. The recurrent manias and the recurrent melancholias of the older writers have, with certain other psychoses, been grouped by Kraepelin under the term manic-depressive insanity. The applicability of this term becomes apparent to any one who has had an opportunity of studying several attacks of mental disease in a single individual, for it is found that each attack presents features of its own, that some are especially characterized by exaltation, others by depression, while still others show an admixture of exaltation and depression, and yet, as far as can be determined, the pathologic condition is the same in each instance. The symptoms premonitory of either phase of this psychosis may be divided into objective and subjective. Among the objective symptoms which often indicate the advent of a maniacal attack may be cited unusual alertness, quickened muscular reaction (especially indicated in unusually rapid play of the muscles of facial expression and of gesturing), a tendency to over-activity, and often an improvement in the general "set-up" of the individual. There are sometimes attacks of muscular twitching, sometimes tremor—especially when finer movements, such as those of writing, are attempted, and very often an unusual degree of loquacity. Subjective symptoms of an approaching manic attack include a feeling of unusual well-being, widened and increased interest in the affairs of life, and apparently lessened need for food and sleep. These symptoms may be present for some time without there being any noticeable flaw in mental action; in fact, the period may be one characterized by exceptionally good mental work. But if they are abnormal to the individual, and especially if there be predisposition to mental disease because of heredity or a previous attack, they are strongly presumptive of oncoming excitement.

While, in a general way, objective symptoms predominate