

*Second*—In the affect sphere the apathy and indifference often being striking.

*Third*—The delusional fabric is not well systematized and is, as a rule extremely illogical. Activity of unseen agents; mystic devices being constantly complained of. Outbursts of silly laughter or impulsive violence are common without any apparent motive.

These patients often have a history extending back many years; in fact, in a number of cases to childhood. The hypertrophy of the ego, which becomes so conspicuous in late cases of true paranoia, is, as a rule, not a feature in Dementia Paranoides. In the former condition late reduction is the rule; in the latter early and conspicuous deterioration is as a rule found.

The clinical types are clear and distinct. Of course many cases are found which shade off one into the other, and the prognosis in either condition is extremely bad.

Kraepelin says no cases of Dementia Paranoides recover, and there has never been a case of true paranoia recorded in which recovery has taken place.

The patient whose history is here outlined was presented at the clinical conference, at the Hospital as a type of true Paranoia for the reasons already enumerated.

Edward J. M————

January 15th, 1907

*F.H.*—Father dead; was killed in an accident when 30 years of age. He was a temperate man; was of Scotch Irish descent.

His mother died at the age of 36 of what the patient calls "Paralysis of the Brain." She took sick on the Friday night and died the following Sunday night.