of paper in about one and a half years. He could write for hours without getting tired. At the beginning of this symptom he could spontaneously write meaningful sentences, with a neat handwriting. His handwriting, which was inattentive to the left, became progressively careless and increasingly unreadable over time (fig.), until his writing finally stopped late in 1967, about one and half years after the beginning of the symptom.

Brain CT scan at the time of admission showed moderate cortical and subcortical atrophy without anterior-posterior or right-left differential involvement, ruling out Pick's disease. An EEG showed mainly frontal slow waves. This case, atypical for a dementia of the Alzheimer type, suggests instead a diagnosis of dementia of frontal type for the early personality and behavioural changes with a relative sparing of memory, topographic orientation, and function.

Imamura et al's patient was an 80 year old man with a metastatic brain tumour confined to the right hemisphere; his hypergraphia was similar to the one described by Yamadori in stroke patients. Hypergraphia has not been reported in dementia of frontal type. In our patient it resembles Yamadori type hypergraphia as it is semi-automatic and inattentive to the left, has a poor communicative value, and the patient was totally indifferent to his writing production. As opposed to Yamadori type hypergraphia, however, hypergraphia in our patient was highly stereotyped, perseverative and at least in the early stages, spatially well organised. These features suggest a frontal component in its pathogenesis.

Our case shows that hypergraphia may be an uncommon compulsive symptom of a frontal type dementia.