

*Calculation*: Simple problems, and simple tests in mental arithmetic, such as 2 from 20, and 6 from 100 test.

(7) *The Affect*, i.e. the Emotional tone.

(8) *Association*, Ideation.

(9) *Psychomotor Discharge*, here one would note the presence of stereotypy, mannerisms or negativism, increased facility in discharge or retardation.

(10) *Insight*.

(11) *Judgment and Critique*.

Here again the form is suggested merely as a guide to the method of procedure.

The examination would vary in many particulars in every case, but it is most essential that the points enumerated, should at least be gone into. Examiners can make further tests if necessary.

These facts correlated with those ascertained regarding the patient's life previous to admission to the hospital, should make a running account of patient's past and present, and in this way a complete survey of the normal and abnormal psyche is obtained. It is much more essential to know in every case all the symptoms that patient presents than to name the conditions, and terms such as "excited," "depressed," "confused," are as a rule absolutely worthless, when used as isolated phrases, because any one of them, or a combination of them may occur at various times in almost every psychosis.

#### HISTORY-TAKING.

In obtaining the history of a patient from the friends two things should be kept in mind; first, we are anxious