

must be conducted with this end in view and the endeavour made to secure facts.

Before commencing an examination it is well if possible to get as much information as possible from others, especially in regard to his weak points, mentality, heredity, former habits, changes in speech, handwriting and appetites, etc. When your interview takes place do not practice deception, listen patiently and do not be in a hurry in leading up to delusions, take time if you can and be natural and frank in your manner. The speech must be considered for in the early stages of paresis, slight aphasia may be present, and by observing the handwriting agraphia, may be discovered. Insane delusions must always be looked for, but do not jump at conclusions, for sometimes what is classified as an insane delusion may be the statement of a fact, and sometimes what are believed to be facts are insane delusions. The nutrition of the body should be noted and the proportions of the head considered, for many of the insane have asymmetrical heads. The bodily functions should be inquired into. An important point to be considered is the temperature, for it is possible to confound the delirium of fever with acute mania, and in some cases I have seen acute mania masked by delirium. When signing a certificate of insanity remember there is often a legal risk to yourself as the patient may at some future time bring an action against you, and in some instances if you anticipate trouble it is well to get the relatives to give you written guarantees of protection in case of legal proceedings. In such a case of course it is doubly important to have your certificate so worded that there can be no doubt of the facts on which you form your opinion. Many physicians I find have difficulty in recognizing the delusions in melancholia and do not appreciate the fact that depression of spirits can pass a mark where depression of spirits becomes lost in actual insanity, and well defined delusions exist especially in regard to the functions of the different organs. These delusions are easily shown and it is useless to close ones eyes to the fact that they exist. It is better to recognize them and anticipate their bearing on the development of the idea of suicide.

There is little more to say on the subject, and I really feel that what I have said is so self-evident that perhaps it would have been as well unsaid, however it does none of us harm to consider our sins of omission once in a while, and this coupled with the fact that you asked me to write a brief paper on this subject must be my excuse.

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