

8. Sketch a case of "Circular Insanity." What is the prognosis in such a case?
9. Define the following terms:—Delusion, hallucination, illusion, imperative concept.
10. You are called on to give an opinion as to testamentary capacity in a person of advanced age. What indications would guide you in forming the opinion that senile insanity existed?
11. You examine a prisoner committed for an act of violence. Mention the circumstances which would induce you to believe that the person was—(a) feigning insanity; (b) had acted under insane impulse; (c) suffered from transitory insanity; or (d) from moral insanity.
12. What is *durhamatoma*? In what affections is the condition most commonly found, and what are the theories as to its essential nature?

THE NON-RESTRAINT QUESTION.

We were under the impression that the discussion between Dr. Yellowlees and Dr. Alex. Robertson had exhausted itself in our last number. Each physician had fully and freely expressed his views on a subject in regard to which they honestly hold different opinions. To continue the discussion would, we think, be little more than a repetition of the same statements, if not the same words, without adding any real force to the arguments employed by these able combatants. Dr. Robertson, however, wishes to make it unmistakably clear that he regards "locked gloves" as one form of mechanical restraint. As he places in the same category "side arm dresses" and the "protection bed," and as Dr. Yellowlees recommends their use in exceptional cases, Dr. Robertson maintains that he was not in error in referring to "the considerable use of mechanical restraint" advocated by him. Another statement Dr. Robertson wishes to make, which is, that although he has been connected with an asylum which during the last five years has not had a larger number of patients than 125, it was, during many years previously, licensed for 248 patients, a large proportion of whom were dangerous, both in respect of suicide and homicide.

Correspondence.

TO THE EDITORS OF *The Journal of Mental Science.*

SIRS,—I was unavoidably absent from the Annual Meeting of the Medico-Psychological Association, but have read with great interest in the October number of "The Journal of Mental Science" the very able Address of the President and the subsequent discussion on the subject which is probably uppermost in the minds of all asylum medical officers and others interested in the treatment of insanity at the present moment, viz., the advisability of establishing curative hospitals for occurring cases of insanity and for teaching purposes.

I think the tone in which the President alluded to the misrepresentations in Dr. Batty Tuke's paper in a recent number of the "Nineteenth Century" was most conciliatory; indeed, far too much so, and I was glad to find one or two speakers after him, notably Dr. Clouston, much more decided in disapproval. However, leaving Dr. Batty Tuke to digest the very cogent and wise refutations of his assertions about the total absence of genuine medical spirit in asylums, in the President's Address, I beg to note a few con-