in the direct ratio of their ignorance of the general subject of insanity. As regards the very recondite question of moral insanity (so called), I have heard very loud denunciations of the term from men who had never read two pages either in affirmation or negation of the doctrine. It has been well said by some writer, that nothing is so unanswerable as a sneer. Rely upon it, gentlemen, whenever you may have the misfortune, whether within or outside of the realm of insanity, to appear in the witness-box, the respect with which you will be heard will be in exact proportion to the extent of the knowledge of your subject possessed by your auditors; and too often this will not be very abundant, either on the bench, at the bar, or in the jury-boxes.

Before closing my remarks, I would desire to allude to a difficulty in which medical witnesses are very liable to be involved, both within the courts of justice and outside of them. In cases of capital offences, but more especially in those distinguished by great atrocity, as the crimes of the insane often are, the question will often be put to you, Why should such a criminal escape the gallows? Why should he not be held responsible to the law of the land? Now, I hold, that with these questions the medical expert has nothing whatever to do. His function begins and ends with the simple establishment of the real mental state of the accused. If the law commands that, whether sane or insane, he must be hanged, that should be none of your concern. If the law, or its administrators, judging of his responsibility, not by his mental condition, but by the atrocity of the crime, sends him to the gallows, the law and its administrators must bear the responsibility. And now, Mr. President and gentlemen, in closing, perhaps the last address I shall ever have the privilege of uttering in your presence, I would earnestly admonish you against ever, in a court of justice, using the term *moral insanity*.

PROLAPSUS UTERI.—TREATMENT BY INTERNAL PESSARY.

BY J. T. DUNCAN, M.B., TORONTO.

History.—Mrs.——, (at 60), says that, thirty-eight years ago, she got up three days after a confinement. From that period she has been troubled with partial prolapse. Twenty-four years ago, after her last confinement, the uterus began to appear at the ostium vaginæ. Ulceration of the vagina was also noticed at this time, probably due to an unhealed perineal laceration. This ulceration, however, healed in the course of time, and for some fifteen or sixteen years there is no history of the progress of uterine descent. Seven or eight years ago, she was doing some heavy washing, and, in lifting the large tubs of clothes, overtaxed herself severely. Then the prolapse became complete. At this time also, the presence of a vaginal hernia was first noticed.

When she applied for treatment this year (1882), we found her a fairly nourished, moderately strong woman, considering her age (60). She was quite healthy, but very much annoyed by the procidentia, from which she had suffered for at least seven years. On physical examination, the prolapse was found to be complete, the uterus being considerably atrophied, the vesicocele plainly observable and of a good size. The parts were irritable and tender, partly from chafing between the thighs.

Replacement was easily effected, but, owing to general atrophy of the vaginal walls and uterus, and the capacity of the pelvis, the slightest effort to assume the upright position was sufficient to cause the uterus again to escape. So easily, indeed, could the dislocation be reduced, that the patient was in the habit of accomplishing it with very little effort; re-luxation taking place, however, with even greater readiness. She had tried abdominal supports of various kinds, but with only very partial relief.

The preparatory measures considered to be indicated were now adopted, which were: