justly tried by a code of laws, which indulges in vague generalities, on the one hand, or which vaunts an absurd, minute classification on the other. What may seem odd in a naturally quiet and reticent man, may be the usual conduct of him who is "boiling over" with exuberance of spirits. The temperament, peculiarity, bias, habit and mode of thought, of each person must be considered in relation to each history. To expect uniformity in humanity, and judge that one man must act like any or every other man, is the greatest absurdity. This want of sameness must forever bar the way, to finding a general definition of insanity. The conditions are too multifarious for us ever to prove mental *status*, with formulæ as definite as those of Euclid.

A witness should not allow himself to be led into a trap by having proposed to him one symptom at a time, and then be asked if each of those indicate insanity. Each symptom might not be characteristic in itself, when the aggregate might be conclusive. When details are asked for, the witness must guard himself by insisting on their accumulated weight, to enable him to form an opinion. This may not be necessary in acute cases, when the patient's actions speak louder than words, but the sum total of symptoms is of great importance when the indications are obscure. Many times it is impossible to express, in words, the gait, mode of expression, look and general demeanor of an insane person, so as to impress a court with their forcible significancy. Take an example of one of many found in any asylum. A person was once tidy in his habits, is now slovenly. He had a firm step; he has now a shuffling gait. He never decorated his person; he now makes a ring of some material for his finger, or ties it in a button-hole. He was not a keen observer of small things; he now notices and picks up pins, nails, straws, bits of glass, or any other small object that may come in his way, placing them in some corner, in his pocket, or in any other part of his clothing. He may have had distinct utterance; but he has lost that clear enunciation of words and mumbles them out. He was inquisitive at one time as to what was going on around him; he may now listen to a recital of stirring events, and take a momentary interest in them; but it is of short duration. He was active and industrious, but he is now lazy. This recital might be extended indefinitely, but, in short, there is a perversion of the patient's whole character. The medical witness sees a case of dementia, yet, each of the symptoms taken *seriatim*, would have no significance, being without salient points, to an unobservant jury, and even the combined catalogue, would have little force or weight in many courts of law. There may be no delusion apparent; there may be a sense of right and wrong. Sharp questionings may elicit correct and intelligent answers, but a number of changes of character, such as I have enumerated, pronounce an unsound mind; or rather a physical disease has instrumentally impeded the healthful exercise of mental vigor. The ancient aphorism holds true amid all the fluctuations of mental philosophy, *i. e.*, "a sane mind in a sane body." The appearances of disease may be faint when taken in detail, but to a practiced eye, and to a matured judgment, accustomed to study the faintest outcrop of mental aberrations, those peculiarities tell a tale which may have no weight with the unskilled in the protean forms of insanity.

It is sometimes insisted upon that a categorical answer be given to every question put to a witness. It may be impossible truthfully to do this, because of the form in which the interrogation is put. The examiner is well aware of this fact, hence the bait cunningly thrown out to catch the unwary. For example, were it asked about a patient, "Did he then refrain from speaking nonsense?" Were the answer "yes" it would imply that he had been speaking it, but had ceased to do so. Were the answer "no" it would mean that he had spoken nonsense, and continued to speak in the same strain up to the time under discussion. Neither answer might be true, for if the patient had not spoken at all, as indicated, the fallacy lay in an assumption which had no existence. It would be begging the whole question, and neither a positive nor negative answer could cover the ground. This is only one specimen of a legion of such questions which often perplex beginners, and are propounded with that object in view, and a negative or positive answer demanded with legal pertinacity. When such traps are set and baited with sagacious design a state of "masterly inactivity" is best, until the questioner goes back to legitimate interrogation. A medical witness should never quote authorities, nor should he be entrapped into endorsing or refuting such, if they should be presented by counsel for his consideration. No published books on