this propensity. Cases, however, are not unfrequently sent to this, and I apprehend to most asylums, which admit of no temporising; in which, from prolonged abstinence, in addition probably to want, disease, or, as is too often the case, excessive depletion, the exhaustion is so extreme, and the vital powers at so low an ebb, that the prominent and almost sole indication of treatment is to support the failing powers by the immediate and free use of food and stimulants. With this state, however, there is absolute and determined resistance to voluntary deglutition; and the introduction of food into the mouth by any of the various means which have been devised is either followed by its immediate rejection, or, if this is prevented, it is held in the fauces until the patient is nearly suffocated or choked by some portion entering the larynx.

In such cases the object to be aimed at is the introduction of food into the *stomach* in sufficient quantity with the least possible distress to the patient or difficulty to the operator, and, from some years' experience, I have come to the conclusion that these ends are more effectually attained by the use of the instrument I have referred to than by any other means I am acquainted with. I am aware that a prejudice exists in the minds of some high authorities against the use of the ordinary stomach pump, founded no doubt upon failures in the attempts to introduce it, or injuries consequent upon its use. With the small tube, however, I have never experienced the least difficulty, nor has any irritation or ill effect followed its use, even when that has been continued three times a day for weeks or even months; and I believe that, *where compulsory measures are unavoidable*, instead of being a painful or unjustifiable process, it is the most humane and least distressing to the patient, and, besides being the most effectual, is more easily accomplished than by any other method.

The following condensed history of the case of a patient now in the asylum will serve as a type of the class of cases I have referred to: C. M., æt. 29, a single man, a bricklayer, was admitted September 7th, 1854, in a most exhausted and almost sinking state, having been in his present condition for fourteen weeks, during which time he had taken food very sparingly and at irregular intervals, and, for the last three days, has refused it entirely. There is no hereditary tendency to the disorder, and the cause of the present attack is unknown. For the last month he has not spoken, lying with his eyes constantly closed, and in any position in which he may have been placed. He is now in a semi-cataleptic state, his arms or legs remaining for a considerable length of time in any position in which they are put, but gradually falling into their natural place. He is evidently conscious of what is passing around him, and resists any attempt to open his eyes or mouth, but does not raise his hand for this purpose. He is in a state of extreme emaciation and debility, surface pale, pulse 60 and very feeble, action of the heart hardly perceptible, though unattended by any abnormal sound, lungs apparently healthy; seems to have abdominal tenderness, and shrinks from pressure, especially when applied over the epigastrium; bowels torpid; kidneys act freely; tongue loaded; and the breath exhales the peculiar cadaveric odour observed in patients who have abstained from food; is disposed to be dirty in his habits, though he will at times get out of bed to empty his bladder. Attempts were made to feed him with strong soup and wine, which was introduced into the mouth with some difficulty, but only a very small portion was swallowed; and it was evident that the great state of exhaustion he was in required more support and stimulus than could be hoped to be introduced in this way. The tube was therefore passed without much difficulty, and a pint of strong soup, containing two ounces of wine, injected into the stomach. Daily efforts were made to induce him to take food without resorting to the tube, but were unavailing, and it was obliged to be used three times a day until the 15th of November, when he had so far improved as to be able to swallow soft food when put into his mouth. Under this treatment, combined with the exhibition of purgatives (which were for a long time necessary) and cod liver oil, the symptoms of exhaustion were slowly but gradually relieved, his general health improved, and nutrition became more active. Though he is still silent, he shows much more mind, and, from the absence of symptoms of organic mischief, and his improved physical condition, there seems to be reasonable hope of his ultimate recovery.

Another description of case in which the introduction of food also by the tube seems to be desirable is, in patients labouring under general paralysis, and that form of cerebral disease in which the muscles employed in deglutition are paralysed, and no food can be swallowed without imminent risk of suffocation. In a case which lately occurred here, a sufficient amount of nutriment could not from this cause be taken, but any quantity could be readily injected by means of the tube, and though used only to prolong a painful state of existence, it is nevertheless our duty to try to effect this by the employment of any means in our reach.

I may add, that though for the first time or two the patient will usually struggle and resist the introduction of the tube, I have never met with any case in which it could not be passed with the greatest ease; and in many instances where its prolonged use has been necessary not only has no resistance after a time been offered, but the patient has not even required to have his hands held or his mouth opened, and a small gutta percha plug has only been placed between the teeth as a precautionary measure.

Comments on a Case of Fractured Ribs, by W. Ley, Esq., M.R.C.S., *Medical Superintendent of the Lunatic Asylum for the Counties of Oxford and Berks.*

In the October number of the *Asylum Journal*, an account was given of an inquest that had been held at the Asylum for the county of Norwich, on a patient who had died, having at the time of his decease, an ununited and undetected fracture of the ribs. For many reasons it was a case of great interest. First, the liability of such injuries to be inflicted before the patient is sent to the asylum, of which no information is given. Secondly, the probability of the

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injury remaining undetected at the time of admission or for a lengthened period afterwards. Thirdly, the probability of the injury being laid to the charge of ill-treatment in the asylum. Fourthly, the crimination and recrimination produced amongst the officers of the asylum by such imputations on imperfect evidence. Fifthly, the great difficulty that will always exist in fixing the time at which an injury was inflicted by appearances observed at a long subsequent period.

I had hoped that the publication of that inquest and history would have been followed by the communication of other cases, of which I have the information that several have occurred, occasioning great contradiction of opinion between the medical officers, great anxiety to visitors on committees of enquiry, much unsatisfactory gossip and scandal, and excessive pain to the responsible officers of the asylums. I believe that your giving publicity in the Journal to such cases will be a relief to several excellent men who feel that they have been unjustly aspersed, and great assistance to others who may be placed in a similar position.

With this view I request the publication of the following case. William Faulkner had been in the asylum at Littlemore in 1851. He was a tailor, addicted to drink, had a very large family, lost his employment, became a teetotaller; had delirium tremens, and rapidly recovered under a regulated diet. Subsequently to his discharge he was often heard of as being much in want, having very little employment, a teetotaler but of very weak mind, interfering and intractable. He was readmitted to the asylum Dec. 5th, 1854; was then in a state of trembling delirium and generally paralysed; he thought he was in communication with the devil on all subjects. On examination on admission, it was noticed that he was able to inspire deeply. He died on the 28th day after his admission. On *post mortem* examination on reflecting the integuments of the ribs, a small abscess was cut into. It had not been indicated by any outward appearance. The pus was of a pinkish color. The situation of the abscess was between the separated ends of two ribs, the fifth and sixth, which had been broken at a quarter of an inch external to their junction with the cartilages. The ends of the bones would have been in opposition except that they were shortened about the eighth of an inch; so that the scalpel passed freely between the separated ends of the bones. The fractured ends were cupped by the absorption of the cancellous structure. No provisional callus, or effort at union existed between the bones themselves. On cutting through the bones longitudinally, one was of a dark color and the blood in its texture was also of that character; it appeared in a state of incipient necrosis; no trace of any line of demarcation was observed; the other was of healthy color and the blood in it arterial, its granulating surface had a thin membraneous covering, apparently the effort to form a cyrt. The integument between the two bones was not discolored. On removing the sternum a layer of organised lymph of variable thickness was found adherent to the costal pleura, and to the lung by a band an inch and half long, and very firm. The layer of lymph on the pleura to which it was attached was a part of the sack of the abscess. No appearance of the lungs having been inflamed existed at that spot.

I was absent from the asylum at the time of the decease of the patient. On my return on the day following I was told immediately that the attendants believed that the fracture did not occur in the asylum, and that there ought to be an inquest. The coroner was therefore informed of the circumstance and an inquest was held. It was attended by the wife of the deceased, the relieving officer, the master of the workhouse, and some of the inmates. It had transpired that he had, during the five days that he had been in the workhouse before he was sent to the asylum, been at first put to sleep with another man; and a charge was made that he had been kicked out of bed and ill-used by that man. The charge was denied and so clear an account given of the insane restlessness of the patient that the refutation was accepted. I said that though the fracture might be occasioned by a direct blow of the fist; that I could not give a sufficiently definite opinion of the time when it occurred to attempt to lead the jury; that as one process of healing had apparently failed, and a distinct second process appeared to have been established, I should think the period of the blow might be considerably distant; that it would have been attended with marks of which probably the wife would have been cognisant if it had occurred previously to his being taken into the workhouse. There would probably have been bruise, but certainly pain in that particular spot, at a precise period, and cough or a pressing of the hand on the spot which she would have observed. She replied that he had had such pain without cough for some months. She could not say when it occurred. He had then been liable to more disturbance than she could account for.

The jury asked was the fracture of the rib the cause of death. I replied that it was not. The jury thought that they had need to be satisfied with what had transpired.

The Hanwell Asylum.

Obituary.—This institution has lately sustained a great loss by the death, in his 55th year, of Mr. Edward Clift, its well-known and much esteemed steward. He was not only eminently distinguished for his business habits in an office of great labour and responsibility, but, as a consequence of his peculiarly kind disposition, was one of the most important auxiliaries to the medical officers in fully carrying out and steadily maintaining what is generally known as the non-restraint system.

Mistrustful, at first, of a system involving many changes for which his previous experience had not prepared him, he was still faithful and diligent in providing every suggested substitute for restraints; and he was soon taught by his honest observation, and convinced by his thorough good sense, that mental influence was more powerful than shackles of leather and iron. Often, in after years, he would point to those strong dresses and devices, once necessary, even when coarser means of coercion were abandoned, as being but rarely required in the asylum. He soon perfectly comprehended that the mere disuse of strait-

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