

The food is composed of milk and yolks of eggs, and the quantity given at first never exceeds the contents of a wine glass. It is not repeated until one is convinced that the patient easily digests what he has already got. The patient is fed at least four times a day, and oftener as may be required. My experience is that the insane tolerate a monotonous diet of this sort for a long time, and it is seldom necessary to alter its constitution. I believe that in this form we have a liquid food of the highest nutritive value, and I never have recourse to pounded meat or other alimentary constituents in a suspended form.

Patients in general do not like this method of feeding, although they prefer it to the passage of nasal or œsophageal tubes. It often happens that they recognise, after one or two feedings, that it is better to take nourishment voluntarily.

The prognosis in a case persistently abstinent seems to me to be always unfavourable. On the other hand, if digestion is active and the body weight increases, one may look for a return to normal feeding within a short time.

Should vomiting occur as a rare complication, a few drops of chloroform added to the nutritive liquid will prevent it.

It is well known that forcible feeding is now practised much less frequently than formerly. Much more attention is given to the physical conditions which might reasonably give rise to refusal of food. Not until they have been searched out and treated should one think of proceeding to that extremity.

From Dr. Batty Tuke, Saughton Hall, Edinburgh.

In your review of Dr. Albrecht Paetz's work on "The Colonisation of the Insane in connection with the Open-Door System," in the October number of your Journal, you allude to the Twenty-third Report of the General Board of Commissioners in Lunacy for Scotland.

In justice to the management of the Fife and Kinross District Asylum, I beg to draw your attention to the following paragraph contained in that report:—"Detached houses or limited sections of the main buildings, the inmates of which consisted chiefly of patients requiring little supervision, have long been conducted in some institutions without locked doors. But the general practice of all large asylums has been to keep the doors of the various wards under lock and key. It was in the Fife and Kinross District Asylum that it was first recognised that this extensive use of the key is unnecessary, and that its disuse is attended with considerable advantage to patients" (p. xxxii.). This sentence is followed by a page of remarks expressing approval of the practice. You endorse Dr. Paetz's opinion that the open-door system is an important advance in the management of the insane.

I am aware that the unlocked door is only a part of Dr. Paetz's general system—still a not unimportant part. I therefore think that, in justice to the Scottish Asylum in which it was first adopted, the fact might be stated that the "open-door" system was commenced in the Fife and Kinross District Asylum in the year 1871.

From Dr. Bywater Ward, Warneford Asylum, Oxford.

I do not know whether there are any recorded instances of hæmatoma of the ear in animals. I have, however, lately observed a well-marked hæmatoma of the left ear of a half-bred Persian cat. It occurred soon after she had produced kittens, and without the slightest sign of any injury having caused it. This particular kind of cat is said to be specially subject to epilepsy, and I find that this one had several fits when about half-grown. As far as can be discovered she has had none for a long time, and there has been no noticeable peculiarity other than the hæmatoma which is now shrivelling, mostly at the anterior part.

From Dr. R. S. Stewart, Glamorgan Asylum.

Permit me to direct attention to two inaccuracies regarding the new Rules of the English Commissioners, which appear in the last number of the Journal, p. 696.

1. "Records of medicines prescribed need *no longer* be inserted" (Journal).— "Entries . . . recording the *medical* and other *treatment* with the results *shall* be made in the case-book" (Rule 13).

2. "Continuation orders of patients whose reception orders are dated on *or after* February 1st, 1890, are to be included in one list. *All others* are to be made *separately*" (Journal).— "With respect to patients whose reception orders were dated on *or prior* to the first day of February, 1890, the special reports and certificates . . . shall be included in one list . . . and with respect to patients whose reception orders are dated *subsequently* to the first day of February, 1890, a special report and certificate . . . shall be made and signed for *each* such patient . . ." (Rule 26).

[1. "*The medical and other treatment*" is to be recorded, but it is *no longer necessary to keep* "an accurate record of the medicines administered," i.e., to copy the prescriptions. 2. "*On or after*" has been inadvertently used for "*on or prior.*"—*Ed.*]

A MONSTROUS SUGGESTION.

Under this heading we commented in our last issue on the Report of a Committee of the Medico-Legal Society of New York on certain proposed amendments in the Law of "Commitment of the Insane." We are now informed by the Chairman of the Committee that the suggestions which we stigmatised, and justly stigmatised, as monstrous, formed no part of the recommendation of the Committee, but were parts of an amendment which the Committee refused to approve or recommend.

The Committee have, however, only themselves to thank for the error into which we were led, for their report was drawn up in such a form that no person who was not present at their proceedings could come to any other conclusion than that at which we arrived. The following is the form in which it is made:—

"Resolved . . . The existing law is as follows. [Here the terms of the existing law are set forth.]

"The proposed amendment is as follows. [Here the proposal which we characterised as monstrous is set forth.]

"All of which is respectfully submitted.

"[Here follow the signatures of the members of the Committee.]"

We regret that we should have been led into error, and should have ascribed to the entire Committee a proposal which emanated from one of its members, and was not adopted by the Committee as a whole; but in view of the form of the report, and the plain statement that "the foregoing paper was read and considered, and after debate was unanimously approved by that Committee," we do not see how the error could have been avoided. We willingly publish this explanation of what appeared to be a grievously wrong finding, and refer our readers to page 42 *et seq.* of the "Medico-Legal Journal" for June, 1895, where the following resolutions are set forth:—

"1. That the present law is faulty in permitting any citizen to be committed and confined in an asylum, public or private, or in any institution, home, or retreat for the care and treatment of the insane, upon the mere certificate of two physicians under oath. 2. That such a commitment made in this manner, before it has been approved by a court or judge of competent jurisdiction, is in direct violation of the organic law of the State, and of the United States. 3. That the qualifications specified in the law, as it now exists, as to the competency of the certifying physicians, requiring only three years' actual practice of his profession, and without requiring evidence of his experience in or practical knowledge of insanity, are entirely inadequate to protect the liberty of the citizen. 4. That the statutory qualifications of the certifying physicians, as now stand in the law, would not be sufficient to enable said physician to testify as an expert in a court of justice where the question of insanity was at issue. 5. That in our opinion confinement of the insane in an asylum is not necessary, beneficial, or even prudent in all cases, and that before a judge signs a warrant of commitment, the