

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.

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*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.

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*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.

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*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.