

Bench thought in arriving at the conclusion they did that that ought not to be.—Mr. Parsons said that as regarded the expense the Magistrates knew too well the great cost which had to be incurred at the present time in sending cases to all parts of England, and of course if the proceedings passed through the hands of the Court certain fees which would be incurred would increase the present great cost.—The Chairman said he should not take a lunacy case without the Clerk.—Mr. Parsons asked if the Magistrates would consider the matter again?—Mr. Flowers said Mr. Parsons, from what he had heard, could gauge the feelings of the Magistrates, whereupon Mr. Parsons withdrew.”

It will be noticed that the protest against increased expense being incurred in the proceedings before justices in connection with lunacy cases comes from a Board of Guardians, but presumably the Sussex justices intend their decision as to the attendance of the Clerk to apply to private cases as well as pauper, and thus organised delay and expense will be put in the way of petitioners applying for reception orders. We cannot think that it was ever intended that the Lunacy Act of 1890 should be interpreted thus, though possibly the action of the justices may be within the wording of the Act. It would be desirable to have an explanation from someone with authority to give it as to what is meant by sec. 4, sub-sec. 2, which states, “The order shall be obtained upon a *private* application,” etc. Sec. 6, sub-sec. 3, further states: “The petition shall be considered in *private*.”

We are afraid, however, that the justices can take refuge behind sec. 9, sub-sec. 2, which enacts that the judicial authority “shall be assisted, if he so requires, by the same officers” as if he were acting in the exercise of his ordinary jurisdiction, and that no protest, therefore, is of any use. That there is a tendency in some justices to inflict unnecessary expense on the relatives of a patient may be illustrated by a recent case, in which, although the justice was satisfied with the *bona-fides* of the certifying medical man, and although he saw the patient and observed that she was acting unreasonably, yet he refused to make a reception order until his own medical man was called in, who signed a third certificate, for which the relatives of the patient paid a fee of one guinea.

PENSION SCHEME OF THE LANCASHIRE ASYLUM BOARD.

A Committee of this Board, appointed to consider the pension question, has drawn up a report, which has recently been adopted at a general meeting of the Board.

The age limit of fifty-five is adopted, but pensions at an earlier age may be given under special circumstances, and the rule of compulsory resignation at sixty is similarly elastic.

The scale of pension may be varied from one-third of the salary alone to the full two-thirds of the salary and emoluments, the actual pension within these limits being left to the recommendation of the Asylum Committee concerned.

If this scheme is applied in a liberal spirit it will be hailed with satisfaction, but some experience of its working will be required before expressing any strong opinion in regard to it.

It is certainly an improvement on the no pension scheme, with which Lancashire was threatened.

CORRESPONDENCE.

From Dr. Jules Morel, Ghent.

In reference to the discussion on “Forcible Feeding,” published in the *Journal of Mental Science* in October, I desire to communicate the method which I have used here for many years.

Having exhausted all means of persuasion, I make a signal to the attendants, who are trained to place the patient in bed in a horizontal position. One holds the knees firmly to the mattress, another, standing at the top of the bedstead, fixes the head between his hands. A third and fourth attendant, stationed on each side, hold the shoulders and forearms. The patient having been thus dealt with, without a word passing, the physician pours the liquid food at 98° Fahr. down either nostril, little by little, by means of a small spoon.

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.