than the form of disease which we call acute melancholy. In some of these cases, however, I have found occasional seclusion imperatively necessary for the relief of the sufferer.

I have mentioned above that I frequently employ seclusion in cases where it is not necessary, but only useful. To supply an instance, let me briefly refer to the case of E. R., a woman who has led a dissolute life, but whose ordinary condition now is that of tranquillity, with loss of mental power. She is a willing and laborious household servant, but about once in three weeks she undergoes an attack of nymphomania. Some years since, when I was in the habit of using a very small amount of seclusion in the treatment of my patients, this woman used to spend one week out of three in a state of excitement, most offensive to all beholders, and most painful to herself. Medical treatment had little influence on the paroxysm, which was prolonged and exaggerated by the demonstrations to which it led. At the present time the paroxysm still comes on, but the patient is left in bed during its continuance. The consequence is, that it lasts only two, or at most three days, instead of seven or eight, and putting entirely out of consideration the comfort of the ward, the patient does not undergo one-tenth part of the amount of suffering which she did when these paroxysms were treated without seclusion. I could corroborate my opinion with a multitude of cases, but it does not appear needful to do so; since it seems to me that I have proved that of which, when fairly stated, proof ought scarcely be demanded: namely, that in forms of disease of which the principle manifestations are mental excitability and exhaustion, it may sometimes be necessary, and frequently be beneficial, to withdraw all possible sources of excitement, by the temporary removal of the patient from the society of his fellows.

In concluding this paper I beg to draw attention to the utility of a trivial expedient which I have for some time adopted. On the door of every dormitory or single sleeping-room, in which there is a patient detained, or remaining willingly on account of sickness, or for any other reason, I make the attendant suspend a label with the letter S painted on it. This label is of sufficient size to be observable from one end of the gallery to the other. It aids me materially in visiting the sick, since I have not to call the attendant every time I visit a ward, to enquire in which room a patient may be.

In asylums where efforts are made to keep the seclusion list as low as possible, patients, especially females, may not unfrequently be seen sitting alone in bed-rooms, at needle-work perhaps, or making artificial flowers, who are not considered to be in seclusion. It may be wrong on my part to think that these are virtually cases of seclusion. Still my plan of conspicuously marking the doors prevents my attendants from secluding a patient on any indirect pretext, and is so satisfactory to myself that I strongly recommend its adoption.

To the Editor of the Asylum Journal.

SIR,—In Mr. Wilkes' paper upon the subject of the administration of food to fasting patients, which appeared in the last number of our Journal, he alludes to a feeding apparatus which he has used with much advantage for some years past.

The instrument he describes was an invention of the late Dr. Balmanno, who for many years filled the office of visiting physician to the Glasgow Royal Asylum, and was known in Scotland by the name of "Dr. Balmanno's Feeding Apparatus." It was intended to supersede the use of the stomach pump in feeding lunatics; much difficulty being experienced in introducing the tube of the latter from the determined efforts of the patient to keep his mouth closed. The nasal tube was found to answer in every respect, and might with some slight modifications be adapted to the stomach pump apparatus, thereby giving the practitioner a choice of means in so far as the passage to the stomach is concerned.

The only objections I have ever known urged against the use of the nasal tube, are that it is sometimes from its small calibre apt to hitch on the epiglottis, and occasionally to enter the trachea. The latter accident has never happened to me, and I have frequently used the instrument, passing it as a general rule with but little difficulty. Sometimes if this tube is too flaccid from warmth it will curve when it touches the back part of the tongue, and pass forwards into the mouth —the patient may then grind it with his teeth, and so spoil the tube. This can be avoided by a little care in passing it.

We usually dip the tube into the liquid about to be injected, and when it is sufficiently pliable give it a slight curve with the end pointing somewhat outwards, and it readily finds its way into the pharynx. The constrictor muscles then seize it and carry it downwards to the stomach, frequently without our having to use the slightest force. The length of the tube passed, and the exit of gas through it, are sufficient indications that it has reached the stomach, and the liquid food or medicine may then be injected. A sensation of choking is experienced by the patient as the tube reaches the pharynx, and this is sometimes so marked as to induce the operator to suppose he has entered the trachea; but a little patience, and withdrawing the tube slightly is all that is necessary, it soon passes onwards in the right direction. The tube may also be found to pass more readily by the right than the left nostril, this has happened to myself, and it will always be well should any difficulty arise in making the first attempt to try the opposite nostril.

In the old palmy days of restraint when medical aid was rarely invoked, cases of refusal of food or medicine were very summarily disposed of. The cause of the patient's refusal was deemed of slight importance, and scarcely meriting investigation. In no espect is the advancement made in the treatment of the insane more manifest than in the attention now paid to the causes of the varied phenomena which mark thees cases. The refusal of food, perverted appetite, vigilantia, and many other symptoms of disordered physical action are now minutely studied, and and in most cases relieved by appropriate treatment; but what was the course adopted in former times? The patient would not eat. Unless food is forced into

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his stomach he will sink. He was therefore to be fed in the old orthodox manner. He was seized by two or three keepers as they were called, his mouth was wrenched open with an iron spoon or blunt chisel, frequently to the damage of several of his teeth, his nose was held tight, and the fluid poured down the throat of the half suffocated patient, who not understanding the necessity for these extreme attentions would only become more alarmed, suspicious, and determined in his opposition.

Even when the stomach pump was used as, it would be when professional aid was sought, the same difficulty existed as to the opening the mouth, and to keep it open a gag was used, which was secured by strings tied behind the head. Usually, however, the feeding process was trusted to the attendants, and it was not an unusual occurrence for patients to leave an asylum minus a few teeth.

To obviate these barbarities the late Dr. Balmanno invented his nasal apparatus. It was regularly used by him, and his successor Dr. Hutcheson, and has since been adopted in some of the English asylums. I am not certain whether it is used in the general hospitals of this country; but in certain cases of tetanus, and in stricture of the œsophagus it might be useful. Mr. Marshall, the medical superintendent of female patients at Colney Hatch, has found it answer all the purposes it is intended for, and I believe it has been tried at the Northampton General Lunatic Hospital.

I have known patients kept alive for weeks, and ultimately saved by means of this instrument, and in one instance a gentleman who had obstinately refused all nourishment and medicine for a protracted time until he was upon the point of sinking, submitted quietly for several days to the introduction of the tube, sitting up in bed voluntarily, and requiring no holding of the hands or head. He had made a vow to starve himself, and kept it rigidly until a few doses of medicine set his brain right, and a short argument, in addition to a sharp appetite, convinced him of the folly of his proceedings. As a general rule however, I have found that in cases of refusal of food, where perversity and sullenness of temper are exhibited, the introduction of the tube once or twice is sufficient. The patient finding himself baffled in his determination, at once succumbs, disliking the inconvenience he is putting himself to. In other cases where there are physical causes to account for the anorexia, medicine may be administered by this instrument, for which purpose a small elastic india rubber bag is provided sufficiently capacious to hold a good sized draught. This is supplied in the case, and fits the tubes tightly.

Mr. Wilkes' paper reminded me of Dr. Balmanno, and of his being the physician who first invented and used the nasal apparatus among the insane, and it occurred to me that many who may have employed it were not aware of this fact. Dr. Balmanno did much in his day to improve the condition of the lunatic, and no one had he lived would have taken a warmer interest in the great progress that has since his time been made in this department of medicine than he would have done. I am, Sir, your obedient servant,

THOMAS PRICHARD, M.D.

Abington Abbey, Northampton.

Medical Certificates.

Dear Sir,—I believe every medical practitioner who has been called upon to fill up a certificate according to the form 16 and 18 Vic., c. 96, has felt the difficulty of doing so correctly. For my own part I have never yet seen one which did not require amendment. The trouble thus occasioned would be removed if the letters of reference, *a, b, c, d, e,* were less microscopic; and if the directions were marginal, and printed in red ink.

The Commissioners generally return imperfect certificates for correction: but it seems this is not invariably done: but surely the doctrine that the Commissioners are not responsible for the correctness of certificates under which insane persons are confined, [see Commissioners Circular, Feb. 14th, 1855,] and that the responsibility, when *they* make no objection, still rests with the "Superintendents and others" is unsound. At all events, it is both inconvenient and dangerous.

I remain, dear Sir,
Yours truly,
A SUPERINTENDENT.

To the Editor of the Asylum Journal.

Dear Sir,—Allow me call the attention of superintendents to an India rubber chamber utensil, which Messrs. Macintosh of Manchester have made at my suggestion, and which I think will be very useful for violent and excited patients, who could not be trusted with those made of metal or earthenware.

One of the multifarious uses to which gutta percha has been applied has been the manufacture of these articles, but practically we find, that besides the difficulty of keeping them sweet, from the impossibility of using hot water to them, they are easily broken when made of the ordinary strength, and if made heavier they become serious weapons in the hands of excited patients.

The India rubber utensils seem to be calculated to meet all these objections, for while of sufficient strength to resist the ordinary rough usage of an asylum, they are useless as offensive weapons, and boiling water may be employed to cleanse them.

The price charged at present is rather high, but Messrs. Macintosh consider that they shall be enabled to offer them at a lower rate if there is any demand for them.

Yours faithfully,
JAMES WILKES.

Stafford County Lunatic Asylum.

Trial and Conviction of a Husband for the ill-treatment of his Lunatic Wife.

At the Devon Spring Assizes on the 17th ult., before *Mr. Justice Crowder*, *John Rundle* was charged with abusing, ill-treating, and wilfully neglecting, *Amelia Rundle*, his wife, a lunatic.

Mr. Stock stated that the prosecution was instituted by the Commissioners in Lunacy; and that they were fully determined to prosecute in all cases of a similar