INSANE PRISONERS.

While the 'Howard Association' complain of punishments awarded to weak-minded prisoners on evidence which appeared to have been partly founded on fact, it may be useful to glance at the last report of the Prison Commissioners, where reference is made to cases of insanity. The whole number of these for the year ending March, 1900, was 116, being 21 fewer than in 1899, 34 fewer than in 1898, and 48 fewer than in 1897. Of the 116 cases certified, 78 were insane on reception; of the others, 17 showed symptoms of insanity within one month, 13 within three months, 5 within six months, and only 3 after six months. The daily average number of all prisoners was 14,500.

MEDICAL FEES IN LUNACY.

The guardians of the poor at Yarmouth are of opinion that half a guinea is an adequate fee for each medical certificate granted for the detention of pauper lunatics in asylums. The local medical practitioners refuse to accept less than a guinea, when they enter on the serious responsibilities which the Lunacy Acts entail upon them. We should not have been surprised if they had decided to raise the amount to twice the modest sum which custom has sanctioned. The Legislature has taken elaborate care in this matter, considering the interests of the alleged lunatic, the interests of the community, but in no way determining the pecuniary interests of the ratepayers. No doctor proceeds to the examination of an insane person without a lively sense of the importance of coming to a right decision on the questions submitted to him. He must be prepared to answer for his findings before the law. He has to decide by a personal examination, which may cost him much time and trouble, if the person is of unsound mind, if he is a fit and proper person to be detained in an asylum, if he is in a fit state for removal to an asylum. These are not perfunctory questions to be answered haphazard. The wonder to us is that, after the experience of the medical profession in courts of law, the work is undertaken at all. Did we not record in October last how witchcraft was recognised by the laws of England, and how it bore upon the case of Dowling *v.* Dod?

CORRESPONDENCE.

Artificial Feeding.

(Reply to a paper by Dr. Rambaut in the Journal for January, 1901, by A. H. Newth, M.D.)

Dr. Rambaut, of the Richmond Asylum, has recorded the deaths of two patients who had been fed by the artificial method I mentioned in the Journal for October, 1899. He seems rather hastily to conclude that because he tried it on these two very unpromising cases, and because they both died from gangrene of the lung, therefore this ought to be a warning against using the method.

The patients had previously been fed with a tube.

Now it is the experience of the medical officers of the Haywards Heath Asylum, where the method I described is in constant use, that patients who had previous to admission been fed with a tube were liable to gangrene of the lungs. This experience extends for over thirty years.

In an article by Dr. Urquhart (Journal for 1895, p. 276) he relates how, in the early years of Professor Meyer's professional life, it was the custom in Germany to use an apparatus for forcible feeding almost constantly. But on account of the frequency of lobular pneumonia, due to the introduction of small quantities of food into the larynx by this means, it was given up and the mortality decreased.

I had a sane patient under my care who died from lobular pneumonia. He had been in the habit of using a tube for some time to wash out the stomach for the relief of chronic catarrh of the stomach. There might very possibly have been a connection between the lung mischief and the use of the tube.

It is very possible that the method I describe is less free from the danger of introducing food into the lungs than that with a tube. The spasmodic action of the larynx would naturally expel any foreign body, a violent fit of coughing giving warning that the food has "gone the wrong way." The presence of a tube would

https://doi.org/10.1192/bjp.47.197.435-b Published online by Cambridge University Press

have a tendency to prevent, to a very great extent, this spasmodic action. There would be an inability to cough up the food out of the trachea.

Food or other foreign bodies very probably enter the larynx during the act of inspiration immediately on withdrawal of the stomach-tube, and are not forced into the lungs whilst feeding.

The introduction of the tube is not without its dangers, and especially when the patient violently resists its use. Several deaths have occurred from suffocation whilst the tube was being used. Dr. Yellowlees, in the JOURNAL for 1885, p. 284, describes a case of sudden spasmodic syncope terminating fatally during feeding with the stomach-pump.

There is just the possibility, though I have no doubt every precaution was taken in the matter, that the method might not have been done quite properly in the cases recorded by Dr. Rambaut. It requires to be most gently and slowly performed. The food ought only to be liquid, previously sterilised and given in very small quantities at a time. It might be of advantage, and possibly prevent any septic effect in the lungs if the food did accidentally enter them, that a small quantity, five or ten grains, of boracic acid should be mixed with each dose of the food. This acid can be taken for a long time in fairly large doses without the slightest ill-effects. I have known patients take it regularly for some years, for cystic trouble, with benefit.

Of course there is a certain amount of risk in all methods of artificial feeding. The thing is, whatever form is used to do it as seldom as possible, and not give much food at a time. If the patient is in fair bodily condition, quiet, and in bed, which is the proper place for those who refuse food, very little nourishment is required to sustain life. After serious operations, as ovariotomy, for instance, the patient is practically starved for some time; not even nutrient enemata are given. In ulceration of the stomach abstinence from food is imperative. Therefore an insane patient may do without food for some days, probably with benefit. Then the chances are that in a short time the patient will voluntarily take food if it is placed within his reach.

There are cases where it is clearly unadvisable to employ the method of artificial feeding by the mouth, such as where the reflexes do not act, and consequently there would be no expulsive effect if the food entered the larynx.

I am still strongly of opinion that the method of feeding I described, but which, by the way, is not mine, is a satisfactory method. Dr. Rambaut's two unpromising cases do not at all shake my belief in it, when I consider the several thousand cases in which it has been employed at the Haywards Heath Asylum successfully.

If Dr. Rambaut would like particulars, I am sure Dr. Walker, the present Superintendent of the asylum here, would kindly furnish him with every information as to the proper way to carry out this method, and as to the results that have attended its use. I have not had for several years any experience of its value in asylum work, but in private practice I have repeatedly found it valuable, and have had no ill-effects from its use.

Before condemning this method of feeding it must be proved to be unsatisfactory in cases where the tube has not been previously used, where the heart and lungs are healthy, and there is no possibility that the gangrene has been occasioned by metastatic infarction caused by an embolus, which is not infrequent in broken-down constitutions, especially in those who have been drunkards. The signs of hæmorrhagic infarction and metastatic deposits in the lungs are very obscure. The patient may have the disease for weeks or months before the characteristic signs show themselves, and especially is this so in the case of mentally afflicted persons, from whom it is difficult to get reliable information as to their diseases.

From Dr. GEORGE PARDO, First Assistant in the Royal Clinic of Psychiatry of Rome.

On reading Dr. Ferrari's article on the "Progress of Psychiatry" in the last number of your much-appreciated JOURNAL, I was rather unpleasantly surprised by the errors into which he had fallen. At present I would only refer to Dr. Ferrari's omission in reference to psychiatry in Rome, where there is a Clinic of Psychiatry entirely independent of the asylums for the insane. The clinic has been directed since 1896 by Professor Sciamanna, who is one of the best-

https://doi.org/10.1192/bjp.47.197.435-b Published online by Cambridge University Press

known neuropathologists in Italy. Professor Sciamanna has been, since 1882, Professor of Neuropathology in the University of Rome, and all the physicians whom your correspondent mentions as representatives of the Roman School have been his pupils.

Since Professor Sciamanna assumed the directorship of the clinic and impressed a clinical and neuropathological character upon its scientific movement, its importance has greatly increased. There are now six assistant physicians, and in connection with the clinic a monthly journal is published, which has the honour of exchange with yours.

From Dr. Ferrari.

Dr. Pardo's correction is in accordance with facts, and I regret that omission, as well as several others apparent to the specialty in Italy—notably Professor Bonfiglis, *Association for Idiots*. I also regret various mistakes in printing which arose in consequence of my not having had a proof of my article.

From Dr. F. W. Mott.

Dr. F. W. Mott, Pathologist to the London County Council and a member of the Tuberculosis Committee of the Medico-Psychological Association, wishes to state that his experience with regard to tuberculosis on the post-mortem table of Claybury Asylum, in no way corresponds with the small percentage given by Dr. Noott in the report of a discussion on page 33 of this present volume of the Journal. At Claybury the percentage is at least 25 per cent. This disclaimer is necessary, owing to letters received from Dr. Crookshank and others, by Dr. F. W. Mott, showing that they were under the impression that he was the speaker on that occasion.

January 21st, 1901.

[We regret to find that the mistake was caused by an unfortunate misprint, Dr. Noott's name appearing as Dr. Mott.—Ed.]

OBITUARY.

Joseph Gustavus Symes.

We regret to have to record the death of Mr. Joseph Gustavus Symes, formerly Medical Superintendent of the Dorset County Asylum, at Southfield, Weymouth, on January 14th, 1901.

Born at Crewkerne, Somerset, February 10th, 1825, he was the only son of the late Admiral Symes, who served through all the wars in the early part of the century. The late Mr. Symes came into Dorset in 1842, as a pupil of the late Mr. Fox, then practising at Cerne Abbas, but who shortly afterwards moved to Weymouth. After the pupilage usual for medical students in those days, Mr. Symes became a student at St. George's Hospital. During his student days he made many fast and long-lived friends, all of whom pre-deceased him. He was strongly in favour of the pupilage system, as being calculated to turn out thorough, practical men. He obtained the qualifications of M.R.C.S. and L.S.A. in 1848, and for some few months afterwards was House Surgeon at the Southampton Infirmary. After leaving Southampton he returned to assist Mr. Fox, and his vivid description of professional visits to the plague-stricken hulks in the harbour about the year 1850 was exceedingly interesting. In 1852 he went to Devizes in Wiltshire, where he practised and had charge of a small private Asylum. It was while here that he received the appointment of Medical Superintendent to the old Dorset County Asylum at Forston, on the death of Dr. Sandon, and commenced his life's work on December 1st, 1854.

Finding the Asylum overcrowded, he worked hard for new and better accommodation, and soon the real work of his life—the new Asylum at Herrison, a mile distant from the old Asylum—was to engage his attention. In 1863 he had the great satisfaction of organising and opening the new buildings on an inclusive site of fifty-five acres. It should here be mentioned that in face of much opposition he secured a detached house (afterwards joined by a conservatory) for the Medical Superintendent, which was a great achievement forty years ago.

https://doi.org/10.1192/bjp.47.197.435-b Published online by Cambridge University Press