

The difficulties may be detailed as follows :

1. *Difficulty of Diagnosis*: Very little reliance can be placed upon subjective symptoms as portrayed by the insane. In many pain is not indicated as it would be in a sane person. The suffering induced by physical ailments in the insane may be designated by them as an electric current working upon their bodies detrimental to their well-being, or the action of some deadly poison introduced into their system by someone inside or outside of the asylum precincts; or to mesmerism, or to malevolence on the part of an enemy, etc. Others may have serious diseases present, but sensation is so dulled that no complaint that would indicate physical suffering is made at all. The description of their troubles, when given, is mainly erroneous and usually misleading. Actual examination is the only reliable method of ascertaining the existence of physical derangements in the insane.

2. *Difficulties of Examination*: The physical examination of insane patients presents many hindrances. They will not allow themselves to be touched by the physician. Their suspicions or fears of a simple action like a physical examination of the chest will cause them to struggle so that any effort to obtain satisfactory information concerning the heart, lungs, or abdominal contents is rendered futile. This being very often the case in such simple procedures, it will be understood that to obtain a gynecological examination of an insane female is practically impossible without the aid of anesthesia.

3. *The Difficulty of Anesthesia*: In the early days of our surgical work chloroform was the selected anesthetic. This, however, had to be abandoned, as resuscitation had to be resorted to in several instances to prevent collapse, as the chloroform narcosis became too profound and heart-action alarmingly weak. I believe that the depression and depreciation of the whole nervous system coincident with the mental derangement, makes chloroform a dangerous anesthetic to be generally used upon the insane. The application of ether has given satisfaction, and more so since the introduction of preliminary narcosis with nitrous oxide gas. The latter anesthetic prevents the struggling of the patient usually induced in the initial stage of the inhalation.

4. *The Difficulties of Preparation for Operation*: The preparatory treatment of a surgical case is often made difficult by the obstinacy and resistance of the patient. Simple bathing of a patient will sometimes take the united attention of three or more nurses. The same thing arises when an enema is given, or the urine drawn. Often the entire preparation, other than the bathing and of the giving of a purgative enema, can only be carried out when the patient is under an anesthetic.

5. *The Difficulty of After Treatment*: Nursing insane pa-