

of an enemy, etc. Others may have serious diseases present, but sensation is so dull 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 to ascertain the existence of physical derangements in the insane.

2. *The 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 being less irritating, prevents the struggling of the patient usually induced in the initial stage of ether 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 occurs when an enema is given, or the urine drawn. Often the entire preparation, other than the bathing and 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 patients, especially after a severe surgical procedure, is often attended with difficulties that are unknown to surgeons whose *clientèle* are possessed of mental soundness.

Some patients, after the effects of the anesthetic have passed off, will demand food and drink and will not be pacified until their desires are partially, at least, appeased. Others will get out of bed if the nurse's attention should for one moment be directed to another part of the room, while some, unless carefully watched, will pass their hands under the dressing and finger the wound, or