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Selections: Medicine.

THE DOMESTIC TREATMENT OF INSANITY.

BY STANLEY HAYNES, M.D.

(Continued from October Number.)

Much trouble is sometimes experienced in persuading patients who believe their food is poisoned, that they are full of various substances, that they cannot swallow, or who have other such delusions, to take a sufficient quantity of aliment. Very often the intestines require to be relieved from distension or acrid secretions; in such cases enemata suitable to the symptoms, sulphate of magnesia, croton oil, turpentine with castor oil, assafoetida, or other remedies, will often remove the objections to taking food. Fœtor of the breath frequently results from the ingestion of too little food, and then is removed by a good meal; it is as well to mention this because it might be supposed to indicate the necessity for a purgative when one would be decidedly injurious.

Alimentation should never be forced if it can be effected by reasoning and persuasion. Some patients will take their meals voluntarily when not watched, or when allowed to steal it, who positively refuse it if they suspect they are being noticed. When it becomes necessary to feed against the will of the patient, there are three modes at our choice: food can be given by the mouth, nose, and rectum. Feeding by enemata is seldom practicable when meals are refused. Alimentation by the mouth is more rapid than by the nose, and, naturally, is the favourite method; sometimes, though seldom, the patient will take food from a spoon or a

spout. When the patient resists there is usually some trouble to the operator and pain to the patient in getting the mouth open and passing a tube to the stomach. It is frequently necessary to pass the tube beyond the voluntary muscles of the pharynx, to prevent the patient ejecting the fluid. The use of the stomach pump for alimentation is so disagreeable to patient and to operator, that I never use one if I can obtain a feeding bottle, or even a funnel to place in the end of the tube: the tube being inserted the fluid is poured down it, care being taken to regulate the flow so that the stomach may receive its contents gradually, and therefore be less liable to become irritable. The third method—that of feeding through the nostril—is the easiest in a refractory patient, although not the quickest: a nose-tube or funnel is passed along the floor of a nostril, the mouth being kept closed; the food must fall into the œsophagus; the feeding bottle, or a sauce-boat, or a jug, is the most convenient receptacle for the food; care must be taken to permit intervals for swallowing and breathing, lest any of the fluid enter the larynx.

Sometimes the treatment of a case is almost limited to alimentation. All asylum physicians know that numerous cases require hardly anything beyond careful nursing and feeding to ensure their recovery. In cases of insanity due to anæmic, debilitated states, champagne and nutrients induce sleep, and so act as the best sedatives we can give.

The use of *baths* is determined, to a great extent, by the state of the skin. A bath at the temperature of 95° F. is a good sedative in sthenic cases and is often succeeded by sound sleep. The duration of its employment varies