

which the act could be accomplished, and in view of this, all possible means by which this could be done should be excluded.

Food may be refused from various notions, either on account of delusions of poison, poverty, etc., or directly with the intention of starving. From whatever cause, it is highly important that the tendency be overcome, as full nutrition is a very necessary element in the management of these cases, and if the refusal of food is persisted in, forced feeding must be resorted to. The simplest method is by means of a soft rubber catheter attached to a small funnel or the glass barrel of a piston syringe. This catheter, when lubricated, can be readily passed through the nares into the oesophagus obviating the necessity of forcibly opening the mouth.

It occasionally happens, that by persistent efforts, the end of the catheter is expelled by the mouth, in which case the stomach tube must be resorted to. A suitable diet would consist of 2 eggs and 1 to 2 pints of milk, to which a little sherry can be added. The milk should preferably be peptonized. The addition of a tablespoonful of sugar adds to the value of this meal, which should be administered three times a day or more often. Purgatives, the use of which should not be overlooked, may be conveniently administered at the time of feeding. Variations of diet, consisting of broths, gruels, etc., will suggest themselves.

The management of the excited cases, in private practice, is a problem offering much difficulty owing to the seeming impossibility of avoiding physical restraint, a procedure which invariably does harm, and has been long abandoned in the Hospitals of Ontario. While it is well that those in charge should be of good physique, it is often remarkable how much more can be accomplished by an intelligent display of tact rather than by a simple resort to force. Too often it happens that patients are brought to the Hospital who have been bound with ropes,