spacious cellarage below, and corridors all round, with access to the stores, dispensary, bakehouse, steward's office, &c. The water tower is over the scullery, the tank is supplied from a large reservoir at the bottom of the grounds by a seven horse power non-condensing engine. From this tank, holding 10,000 gallons, the general distribution of water all over the asylum is made; the airing courts and gardens for the patients are spacious, they are all fenced round with boundary walls, ten feet high, the walls sunk in ha-ha's, so that the patients can overlook them, and see the country without the appearance of confinement.

In a working court on the male side, and at a convenient distance, stand the workshops, in which various kinds of handicrafts are carried on by some of the patients. Here there is also a brew house; and at the back of the building are the dead house and post mortem examination rooms. In a similar court on the female side is a detached building, consisting of washing house, laundry receiving room, boiler room, drying closet, laundry maids' bedrooms, &c., all well fitted.

Every part of the asylum is lighted with gas, supplied by contract from the town of Brentwood.

A little removed from the asylum are the gardener's house and farm buildings, which latter comprise cow house, piggery, barn, cart shed, dairy, and other offices. Attached to the establishment there are seventy-eight acres of ground to be laid out in kitchen garden, pleasure ground, &c., thus affording great facilities in giving the patients the necessary exercise and amusement, and also in employing them in wholesome recreatory employment.

Looking at the asylum altogether, it is well calculated for such an establishment, and is highly creditable to the architect, in whose views I entirely agree when he says, "The style of architecture adopted throughout is the best adapted for such a purpose, being substantial, cheerful, English in character, most suitable to our climate, and not expensive; this style gives the opportunity of breaking the building into masses and picturesque forms, without adding to the expense; the bays, clock tower, water tower, gables, spire, and ventilation towers, &c., being absolutely necessary; the stone dressings and red brick facings interlaced with black, form a pleasing contrast in color; they not only make the building effective without cost, but give a cheerful look and variety; and there is an important advantage in this; most medical men agreeing, that a cheerful looking, varied and picturesque building, has a beneficial effect on the patients in a curative point of view; and to every such charitable building something of comeliness should be assigned under the direction, of good taste; usefulness of purpose, and beauty of design, may always be made subservient to each other. It is a common error to suppose that beauty of design must necessarily be more expensive then deformity or plainness; it is the quantity of materials used, and not the form of their application, judicious or otherwise, that induces expense; and handsome and complete as this asylum is, the truth of the assertion is proved by the erection of it at a less cost per head than most of the asylums throughout the country."

On the Administration of Food to Fasting Patients, by JAMES WILKES, ESQ., M.R.C.S., *Medical Superintendent of the Stafford County Lunatic Asylum.*

The perusal of some interesting remarks in the last number of the *Asylum Journal*, by Dr. Manley, on prolonged fasting and the refusal of food by insane patients, in which he advocates the introduction of food through the fauces "by means of any ordinary funnel," rather than by the stomach pump, leads me to offer the following observations upon this subject, as well for the purpose of describing the instrument I have for many years been in the habit of using in this asylum, as of urging upon those engaged in the treatment of the insane the great importance in certain cases of introducing into the stomach larger quantities of nutriment and stimulants than are usually taken when this is left to the voluntary efforts of the patient, or administered by any of the usual processes of feeding.

The apparatus I allude to has been long in use in some of the Scotch asylums, and consists of a long flexible tube, rather less than a quarter of an inch in diameter, or the size of an ordinary cedar pencil, and which is attached to an oval metal case, containing the syringe, and holding rather more than a pint of fluid. The one I use was made by Messrs. Hilliard and Chapman, of Glasgow, and the only alteration I suggested was substituting a metallic piston for the one usually employed, which is liable to get clogged and out of order. The tube is sufficiently small to be readily introduced through the nose, but the irritation it often produces, and the difficulty occasionally met with in passing it, seems to me objectionable, and I always prefer introducing it through the mouth. This is easily done, either in the sitting or recumbent position, the hands of the patient being held and the head fixed, while the operator, having previously opened the mouth, rapidly passes the tube into the fauces and any distance down the œsophagus which may appear necessary. Where patients attempt to occlude the fauces with the tongue, it may be required either to depress the latter with the finger, or to make the tube less yielding by means of the whalebone stilet, which is supplied for this purpose.

Although the tube is not sufficiently large to admit particles of meat, still soup or milk thickened in various ways will readily pass; and, in order to introduce all the elements of nutrition into the system, I usually alternate strong soup thickened with sago, and containing wine, with new milk thickened with flour, to which eggs and brandy are added. In some instances also, cod liver oil has been combined with advantage, especially in cases attended with cachexia and great emaciation.

In speaking of the necessity of resorting to measures of this description for feeding the insane, I would wish to be distinctly understood not to refer to that frequent class of cases in which patients take food with reluctance, or, in many instances, for a time entirely refuse it. In the great majority of these there may be no immediate urgency, and perseverance in the usual conciliatory and persuasive means now employed in most asylums, together with judicious medical treatment, will generally be found to succeed in overcoming

this propensity. Cases, however, are not unfrequently sent to this, and I apprehend to most asylums, which admit of no temporising; in which, from prolonged abstinence, in addition probably to want, disease, or, as is too often the case, excessive depletion, the exhaustion is so extreme, and the vital powers at so low an ebb, that the prominent and almost sole indication of treatment is to support the failing powers by the immediate and free use of food and stimulants. With this state, however, there is absolute and determined resistance to voluntary deglutition; and the introduction of food into the mouth by any of the various means which have been devised is either followed by its immediate rejection, or, if this is prevented, it is held in the fauces until the patient is nearly suffocated or choked by some portion entering the larynx.

In such cases the object to be aimed at is the introduction of food into the *stomach* in sufficient quantity with the least possible distress to the patient or difficulty to the operator, and, from some years' experience, I have come to the conclusion that these ends are more effectually attained by the use of the instrument I have referred to than by any other means I am acquainted with. I am aware that a prejudice exists in the minds of some high authorities against the use of the ordinary stomach pump, founded no doubt upon failures in the attempts to introduce it, or injuries consequent upon its use. With the small tube, however, I have never experienced the least difficulty, nor has any irritation or ill effect followed its use, even when that has been continued three times a day for weeks or even months; and I believe that, *where compulsory measures are unavoidable*, instead of being a painful or unjustifiable process, it is the most humane and least distressing to the patient, and, besides being the most effectual, is more easily accomplished than by any other method.

The following condensed history of the case of a patient now in the asylum will serve as a type of the class of cases I have referred to: C. M., æt. 29, a single man, a bricklayer, was admitted September 7th, 1854, in a most exhausted and almost sinking state, having been in his present condition for fourteen weeks, during which time he had taken food very sparingly and at irregular intervals, and, for the last three days, has refused it entirely. There is no hereditary tendency to the disorder, and the cause of the present attack is unknown. For the last month he has not spoken, lying with his eyes constantly closed, and in any position in which he may have been placed. He is now in a semi-cataleptic state, his arms or legs remaining for a considerable length of time in any position in which they are put, but gradually falling into their natural place. He is evidently conscious of what is passing around him, and resists any attempt to open his eyes or mouth, but does not raise his hand for this purpose. He is in a state of extreme emaciation and debility, surface pale, pulse 60 and very feeble, action of the heart hardly perceptible, though unattended by any abnormal sound, lungs apparently healthy; seems to have abdominal tenderness, and shrinks from pressure, especially when applied over the epigastrium; bowels torpid; kidneys act freely; tongue loaded; and the breath exhales the peculiar cadaveric odour observed in patients who have abstained from food; is disposed to be dirty in his habits, though he will at times get out of bed to empty his bladder. Attempts were made to feed him with strong soup and wine, which was introduced into the mouth with some difficulty, but only a very small portion was swallowed; and it was evident that the great state of exhaustion he was in required more support and stimulus than could be hoped to be introduced in this way. The tube was therefore passed without much difficulty, and a pint of strong soup, containing two ounces of wine, injected into the stomach. Daily efforts were made to induce him to take food without resorting to the tube, but were unavailing, and it was obliged to be used three times a day until the 15th of November, when he had so far improved as to be able to swallow soft food when put into his mouth. Under this treatment, combined with the exhibition of purgatives (which were for a long time necessary) and cod liver oil, the symptoms of exhaustion were slowly but gradually relieved, his general health improved, and nutrition became more active. Though he is still silent, he shows much more mind, and, from the absence of symptoms of organic mischief, and his improved physical condition, there seems to be reasonable hope of his ultimate recovery.

Another description of case in which the introduction of food also by the tube seems to be desirable is, in patients labouring under general paralysis, and that form of cerebral disease in which the muscles employed in deglutition are paralysed, and no food can be swallowed without imminent risk of suffocation. In a case which lately occurred here, a sufficient amount of nutriment could not from this cause be taken, but any quantity could be readily injected by means of the tube, and though used only to prolong a painful state of existence, it is nevertheless our duty to try to effect this by the employment of any means in our reach.

I may add, that though for the first time or two the patient will usually struggle and resist the introduction of the tube, I have never met with any case in which it could not be passed with the greatest ease; and in many instances where its prolonged use has been necessary not only has no resistance after a time been offered, but the patient has not even required to have his hands held or his mouth opened, and a small gutta percha plug has only been placed between the teeth as a precautionary measure.

Comments on a Case of Fractured Ribs, by W. Ley, Esq., M.R.C.S., *Medical Superintendent of the Lunatic Asylum for the Counties of Oxford and Berks.*

In the October number of the *Asylum Journal*, an account was given of an inquest that had been held at the Asylum for the county of Norwich, on a patient who had died, having at the time of his decease, an ununited and undetected fracture of the ribs. For many reasons it was a case of great interest. First, the liability of such injuries to be inflicted before the patient is sent to the asylum, of which no information is given. Secondly, the probability of the