

and am convinced that this will be a most interesting object of study. Perhaps the materials for the formation of a theory may be found in these researches, but certainly at present we are met by very unexpected facts of a remarkable and strange character, the objective reality of which cannot be doubted. Burq, of course, in his enthusiasm for the facts of which he is discoverer, goes a little further than quiet observation allows; still I am convinced that he has conferred a real benefit on science by his delicate and ingenious researches which open a new and fruitful field of research."

M. Charcot further observes—"It seems that Wichmann ('Zur Diagnostik,' Hannover, 1800, Bd. i., p. 159), must be regarded as Burq's predecessor in metalloscopia, from his 'Ideen Zur Diagnostik.'"

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*"Feeding v. Fasting."*

Dr. Campbell, of the Carlisle Asylum, in the "British Medical Journal" of February 23, makes some very sensible and important remarks in regard to persistent refusal of food in hysterical girls and others. After reviewing the cases of the "Market Harborough Case" and "the Welsh Fasting Girl," he thus comments on them and their treatment, as it was, and as it ought to have been:—

To my mind these two cases were much alike, and were both cases of Hysterical Insanity. No one can be considered sane who, without cause, starves so as to endanger health and life. Should cases of "Fasting Girls" continue to crop up, I think it would be well if the subject were brought under the notice of the Commissioners in Lunacy, as, at their instance, enquiries are at times made into cases where sanity is dubious.

It is quite admitted that the standard of Sanity and Insanity varies much in different parts of the United Kingdom; but when, as the result of some mental change, a patient acts in such a way as to endanger his own life, or even to become a local nuisance, it would be well at least to make a careful examination into his sanity.

Old ladies who keep a houseful of cats in town, thinking they have souls, find it now-a-days scarcely safe to carry out their opinions; and the race of hermits who lived in dirt and discomfort has become almost extinct by the active discharge of duty of the Country Relieving Officers.

In the case of the "Welsh Girl," eight days of careful watching and the death of the girl clearly prove that even "Fasting Girls" cannot live on air. I think there can be little doubt among medical men or others that human life can only exist for a short period (limited to days) without nourishment, and that if ordinary food be taken into the system evacuations must follow, though of course they

may be lessened by the nature and quantity of the food, and the alvine evacuations may be at very considerable intervals. Though it may be interesting to know how long cases may exist with very little food, yet this treatment does not conduce to recovery.

In the present state of our knowledge of the vagaries, the simulations of diseases, and the moral depravity noticed in patients suffering under the hysteric state, I think that no more "Fasting Girls" should occur. I do not see why many cases of mental disorders should not be treated at home, and by any medical practitioners who choose to treat them; but I certainly think that the necessary *Physical* as well as *Moral* force should be used, and the treatment which has proved efficacious in asylums should be applied to similar cases when treated outside.

In the Journal for February 9th, I notice that another "Fasting Girl" is reported from Wales. Surely efforts will be made to prevent her from starving herself to death! If the patient be not rich enough to afford proper home treatment (which to my mind would consist principally of at least two good meals a day, and the attendance of a sensible, intelligent, strong-minded woman, who would do all in her power to help the girl to get rid of the idea of making herself notorious and ill), the proper mode to pursue in such a case would be to give notice to the Relieving Officer, who is bound to call in the Medical Officer of the Union. The mental state of the patient would be enquired into, and the case sent to the County Asylum.

*Persistent Refusal of Food.*—In this Asylum it is and has been the practice that, in all cases of refusal of food for two full days, it should be administered artificially; of course in feeble cases one does not wait so long. I quote the following from Dr. Clouston, of Edinburgh, my predecessor in office, under whom I acted as assistant for several years (Forcible Feeding, "Lancet," Nov. 30th, 1872):—"Hundreds of patients are fed with the stomach pump in our asylums every year, and no bad result follows to them, but quite the contrary. In a prolonged case I have scarcely known any one who did not take to the stomach pump; I have myself so fed thirty patients in the last ten years, all of whose lives were probably saved by this means, ten of whom recovered, and a large number of whom gained weight during its use, one to the extent of a stone. I am sure that a thousand patients are allowed to die by the gradual process of starvation because they are not fed in time with good full meals regularly given by the stomach pump, for one who is injured by using it." Dr. Clouston mentions that Dr. Maclaren, of Carlisle, suggested to him the use of a stomach tube made of Indiarubber like the French flexible catheters, which he considered would completely obviate any risk of injury, even in clumsy hands. Shortly after that date I got tubes made of this material, and have used them since and found them most satisfactory.

During the last five years thirty-five cases have been fed in this Asylum, one of them for a continuous period of two years and one month. I may mention that this patient was phthisical, and ultimately died of phthisis. She took her food herself for five months prior to her death. Among these cases, four were hysterical cases in girls; three of them recovered, and the fourth was removed to another asylum, and three were youths in a somewhat similar state, produced by sexual causes (the latter were all discharged recovered), the principal features of their cases being silly, emotional excitement, alternating with a trance-like or cataleptic-like state, in which the patient would lie for hours taking no notice of what went on around, and apparently unconscious of pain or discomfort, and refusal of food for considerable periods.

Considerable numbers of girls in the hysteric state who had refused food at home, when brought here, and when the means and manner of giving it were explained to them, have at once given in and taken their food. I always make a point of taking such patients to see another fed with the pump, if one is being fed in the house at the time.

I believe that in certain cases persistent refusal of food may be caused by disease or by the sequelæ of former diseases. I reported in the "Journal of Mental Science," January, 1875, two cases of melancholia presenting similar mental manifestations to each other, evidently the result of visceral lesion. Great depression, suicidal longings, abdominal discomfort and refusal of food were the chief symptoms. Both died above sixty years of age; in one a stricture of the large intestine was found, in the other occlusion of the bile duct.

In conclusion, I admit that there are three apertures by which food can be introduced into the alimentary canal (I refer to the nose, mouth, and anus) independently of the will of the patient, and a variety of instruments are available. Under any but extraordinary circumstances, I certainly prefer the use of the natural entrance, with the stomach pump and soft tube as appliances. I, however, admit that rare cases may arise where the other methods may present advantages, almost solely where cut throat or disease of œsophagus exist. Dr. Brown-Séquard, in the "Lancet" of January 26th, 1878, records cases where nutritive enemata were employed for periods of three, six, and eight days. Two were cases of Hysterical Spasms of œsophagus, and recovered.

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*Dr. Fraser on the Disadvantages of Boarding out certain Harmless Lunatics, and on the advantages of "Open Doors" in Asylums.*

The following are extracts from the last Report of the Fife and Kinross Asylum by Dr. Fraser, who has since been appointed Deputy Commissioner in Lunacy for Scotland:—