to get rid of it, and this as rapidly as possible. The case already quoted (corroborated as it can be by many others) indicates how difficult this task is; for here we have an individual spending year after year under carefully selected climatic conditions, with "considerable improvement" of the local signs and general symptoms resulting, and yet with the bacilli apparently unaffected throughout. However pleasant it may be for such a patient to pass a winter in the sunny South, it is perfectly futile to expect that this short period of time is sufficient to influence these organisms. The too common practice of sending tubercle-bacillary subjects to spend a few months here or a few months there, in the hope that the bacilli will thereby be vanquished, is but dallying with the disease. Those who cannot afford to go in for a very prolonged, or may be perpetual course of climatic treatment, had far better husband their slender resources, and remain in this country in the society of their relatives and friends, and surrounded by home comforts.

THE FORCIBLE FEEDING OF THE INSANE.

By WM. W. HERBERT, M.D.,
Assistant Medical Officer North Wales Counties Asylum, Denbigh.

ASYLUM physicians, and all who have to treat the insane, will have read with interest Dr. Neil's lucid and eminently practical paper upon artificial feeding, in the BRITISH MEDICAL JOURNAL for January 27th. Therein the account of the general management of the patient prior to and during the operation is complete in every detail, leaving nothing to be added.

Regarding the method of feeding employed—namely, a tube with attached funnel passed by the mouth—this plan is one much used, and I note that Dr. Neil, whilst disclaiming perfection, still gives it preference over others.

I have for years employed a procedure which has given me so much satisfaction that I can confidently recommend it to the notice of those who have to resort to forced alimentation. The requisites are:

(1) A Tosswill's siphon stomach pump, with two or three detachable feeding tubes of soft red rubber (gauge millimetrique 25, 27, 29).

(2) A reservoir to contain the food. I use a large glass bottle that has once held sweets. To its mouth is fixed a leaden collar, with spout to steady tube and prevent acute flexion.

Use them thus (see accompanying photograph):—

(1) Place the patient on a bed on the floor, as described by Dr. Neil, underneath something upon which to hang the reservoir—for example, a gas bracket.

(2) Oil the tube well, and pass it by the nares. A twisting motion assists its descent, the head being kept flexed on the chest.

(3) Connect the feeding tube with that from the reservoir, set the siphon action going by pinching the tube and squeezing the ball, and the contents of the reservoir will run steadily and quickly into the stomach. I find that my arrangement delivers sixty ounces in as many seconds.

The advantages of nose over mouth feeding are:

(1) No injury is done to the mouth and teeth. However skilled the operator may be, the screw gag must cause more or less soreness and injury, especially when used for any length of time in a determined subject, and when *in situ* it frequently slips, embarrassing the operator and imperilling the tube.

(2) The patient seems to realise sooner that he is mastered.

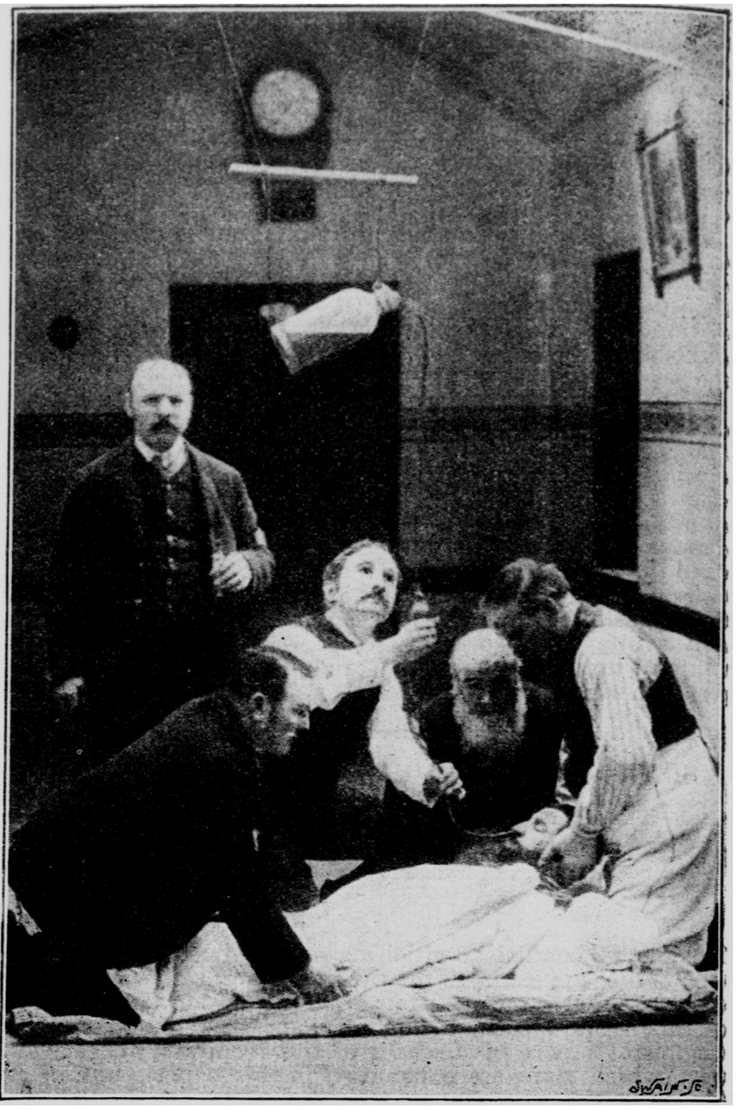
The advantages of the siphon and ball over the simple tube with funnel or pump are:

(*a*) A steady continuous flow, which can be diminished in volume, or rendered intermittent at will.

(*b*) Any obstruction in the tube is at once removed by squeezing the ball.

(*c*) The neatness and cleanliness of the operation, no messing or spilling of food being possible.

Tosswill's pump is simply a valveless Higginson's syringe, with piping several feet in length. By reversing the siphon action the stomach is unloaded rapidly and safely. Why complicated and expensive pumps are in use whilst such a simple and handy one is available I am at a loss to understand.



That there may be nothing new in this method I am aware, but my knowledge of its efficacy, and belief that it is not practised as its merits deserve, have led to my communication.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

FURTHER CASES OF DIPHTHERIA SUCCESSFULLY TREATED BY THE LOCAL APPLICATION OF SUBLIMED SULPHUR.

SINCE my contribution to the BRITISH MEDICAL JOURNAL of November 4th, 1893, I have attended 6 cases only, of all of which I now give particulars. They were of a severe type, and not far distant from each other.

CASE I.—On November 20th, 1893, I visited F. A. H., aged 6, son of a police constable, who was suffering from diphtheria; temperature 101°. I blew sublimed sulphur on to the membrane by means of an extemporised insufflator as previously, and I ordered a mixture of perchloride of iron and glycerine, with a liberal supply of fluid nourishment. The application was repeated several times daily. On the third day the child was almost convalescent, and made a rapid recovery.

CASES II, III, AND IV.—Next day I saw F. C., aged 11, temperature 104.2°; and W. J. C., aged 5, temperature 101.6°; and on the following day W. J. C., aged 8, temperature 100°, brothers, and children of a pharmaceutical chemist, suffering from diphtheria, with considerable prostration. I used the same application, mixture, and nourishment, also brandy, with