

country brought to Bethlem, we beg earnestly to suggest whether it be not feasible to establish "on some pleasant hill-side in Kent or Surrey," an offshoot from the parent institution, under the same principal officers, and the same government; to be called a farm, or a colony, a sanatorium where selected patients may obtain those hygienic influences which may be requisite for their complete cure, and which St. George's Fields will never more afford.

At the close of last year the hospital contained 317 patients, of whom 137 were curable, 74 incurable, and 106 were criminals. The past year had been highly satisfactory both as to discharge, and as to the general health of the patients. No case of cholera had occurred, although in the neighbouring streets the epidemic had been rife.

#### *On Forced Alimentation.*

Wyke House Asylum, June 13th, 1855.

Dear Sir,—In the last number of the *Asylum Journal* are some remarks by Dr. Huxley, upon the forcible feeding of the insane in cases where food is obstinately refused. My own experience leads me to agree with him, that it is not desirable to delay too long the use of the stomach pump or œsophagus tube, and to lose valuable time by hand feeding or persuasion. Doubtless there are many patients with whom the more gentle methods of overcoming resistance are amply sufficient, such as tempting them with delicacies for which they have a known preference, leaving food within their reach which they can take without observation, and feeding by the hand; but in extreme instances, where obstinacy is carried to the verge of danger, and especially when the refusal is from a suicidal motive, I should feel no hesitation nor think any apology necessary, in using the stomach pump for the purpose of saving life by administering food, any more than for the removal of poison with the same view. We might as well object to the compulsory exhibition of necessary medicines, or the resort to surgical means essential to the well-being or life of an insane patient without his concurrence. The character of the delusions productive of abstinence, and the motives influencing the abstinence if they can be arrived at, together with a knowledge of the general character and disposition of the patient, will afford us some grounds for judging of the extent to which the resistance is likely to be carried; the previous condition of life of the patient, and the extent of his mental cultivation are not to be lost sight of. Suicide by starvation is more to be expected from persons in the higher walks of life and of refined feelings, than from those moving in a lower sphere and of more blunted sentiments, to whom the greatest ill that they can conceive is a deprivation of food. But in the treatment of these cases physical disease must never be forgotten; anorexia resulting from derangement of the digestive organs will frequently in the lunatic give rise to a pertinacious refusal of food, and this might be overlooked unless especial attention were directed to it with the removal of the physical cause the abstinence

will of course cease. Of a number of instances which have come under my own observation I will refer to three, two as remarkable for being influenced by the same delusion and acting from the same motive, both being distressed with the conviction that they would be buried alive, and both being determined, if possible, to avoid it by suicide.

The first was that of a young lady whose great horror of her supposed impending fate of premature interment made her most intent upon self-destruction by any means she could contrive, but finding herself so closely watched that no other method was open to her, she fixed upon voluntary starvation as her only resource, and adhered to it with singular obstinacy. She had to be fed by the stomach pump (with the exception of some five or six occasions, when she took a little of her own accord) for nearly three weeks, when she gave up the contest, saying it was of no use, for fed she must be, and that we would not let her starve, and that she might as well be free from the annoyance of the compulsion as by resistance she could not effect her object; the few times that she did take food voluntarily during this interval were, I believe, more for the purpose of throwing us off our guard than from any other motive. The second patient was a middle aged gentleman, who gave and continues to give me constant anxiety from his persevering suicidal propensities arising from the apprehension that he is destined to be buried alive. There is no method of accomplishing his object that he would not avail himself of, and he watches constantly for an opportunity; on one occasion he managed to obtain a knife which he secreted about his person, and just at the moment he was about using it for cutting his throat I happened to step into his room, and was providentially enabled to prevent him. His attempt to starve himself to death was given up after feeding him by compulsion twice. The third case was one of puerperal mania occurring in a lady who married somewhat late in life. Her delusion was that she was in a state of poverty and utter destitution, and she declined food on the ground that it was dishonest to take that for which she was unable to pay; in this instance the stomach pump was not resorted to, but after a course of hand feeding she again voluntarily took her food and ultimately recovered. It is in my opinion a mistaken kindness to delay the use of the stomach pump in the more determined cases, for not only can we administer food better by its means, but the unpleasantness of its application, and the impression produced of the utter futility of resisting it, are powerfully operative in overcoming the obstinacy of the most refractory. If feeding is not employed sufficiently early the evil effects of abstinence may be productive of irreparable mischief: nor can I see why it should be classed with mechanical restraint as we ordinarily understand that term. This is a most interesting practical subject, but I must not trespass further upon your space.

I remain, yours faithfully,

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*To the Editor of the Asylum Journal.*