

tube, for the reasons already explained.

It is obvious that the manipulation is one requiring delicacy of touch and extreme gentleness, as well as expert knowledge and skill, on the part of the manipulator. If, as is sometimes the case, a stiff tube is employed, the danger of accident and the consequent need for caution are proportionately increased.

Other methods of forced feeding, by means of a tube inserted into the stomach by way of the mouth instead of the nose, or by syringing food slowly through a drainage tube inserted in one nostril or introduced into the mouth, need not here be dwelt upon.

What are the indications for forced feeding? First and foremost, it should be employed solely for the benefit of the patient, and, in the case of a sane adult, only when his or her consent has been obtained. In all our relations with our patients their sacred right to determine what shall or shall not be done to their own bodies is secured to them during life, and to themselves or to their relatives after death.

No surgeon may forcibly operate on a patient without his consent, even though in his fuller knowledge he may be aware that he could save that patient's life were his consent obtained, and that he will assuredly die if it is withheld. The patient may be discharged from the hospital, but he may not be operated on for his good against his will. He has the right to be the arbiter of his own fate.

The question of forced feeding has recently been brought prominently before the public, owing to its employment in the case of certain women who have been sentenced to various terms of imprisonment and incarcerated in one of our State prisons.

What are the conditions under which this method should be employed in the case of prisoners? Surely, the same humane rules which govern its employment in hospitals. In the first place, expert knowledge and skill and extreme gentleness on the part of the manipulator are essential, and justifiable indignation has been aroused by the statement made in the House of Commons that this delicate manipulation has, at the Winson Green Gaol, near Birmingham, been deputed to wardresses, for it is one which should only be performed by medical practitioners or trained nurses; and, in the second place, it should be employed only for the benefit of the prisoner, and in the case of a sane adult only after his or her consent has been obtained, both because the forcible feeding of a resisting person is attended with risk, and also because any prisoner, however criminal and degraded, is entitled to say what may or may not be done to his or her own body in regard to treatment intended for

its benefit. If this is not admitted, then it must be logically argued that if the prison authorities consider an operation to which the patient objects is for his welfare he must be subjected to it against his will, a proposition which few persons will be prepared to admit.

But the women on whom this humiliating treatment of compulsory forced feeding is inflicted are neither criminal nor degraded. They are women of refinement, of culture, of breeding, imprisoned for a political though technically a criminal offence, and they differ from their fellows mainly in possessing in a high degree that moral courage which is a so much rarer virtue than mere physical courage—a virtue which we should honour and cherish, but which the powers that be are endeavouring to humiliate and destroy. Women whose sole offence is that they claim the right to help in making the laws which they are compelled to obey, but who at present are virtually outlaws, and, as such, do not admit that they are bound by laws which they have had no voice in framing; women who are fighting for their sisters who are crushed by unjust industrial conditions, and for generations yet unborn, who are willing to endure ignominy, prison, and even death, to secure their elementary human rights. In such a contest, met in such a spirit, can we doubt where ultimate victory lies?

The Gastroscope and its Uses.

Two extremely interesting papers were presented at the Annual Meeting of the British Medical Association at Belfast in the section of Medicine, on "The Gastroscope and its Uses," by Dr. Henry S. Souttar, London Hospital, and Dr. Theodore Thompson, F.R.C.S., Assistant Physician to the same institution. This instrument, which seems likely to revolutionise the knowledge and treatment of diseases of the stomach, is the result of much patient work. Describing it, Dr. Souttar says: "For the first twelve months we worked in the dark—literally, for no ray of light ever reached us through the primitive contrivances which we hoped would one day develop into gastroscopes. At the end of that time we were rewarded, and saw the gastric mucous membrane for the first time." He describes the instrument as "a tubular structure whose wall is formed of three layers—an outer protective, a middle supporting, and an inner transmitting layer." When the tube has been passed the light is switched on, and the whole of the mucous membrane of the stomach can then be illuminated and inspected.

[previous page](#)

[next page](#)