

1. The present admission order: its chief faults. 2. Medical certificates: my experience of them. 3. A sketch form of admission. It is unnecessary for me to go into details as to the difference between the order for the reception of a pauper and private patient. Suffice it to say that a relative signs the order of detention in the latter case instead of a justice, and that two medical certificates are necessary instead of one, as in the case of a pauper, but the medical certificates are on the same form, and, with the exception of the words "separately from any other medical practitioner," it is identical with what is required in the pauper case.

1. *The present admission order* of a pauper lunatic begins with the justice's order, and this cannot be signed till all the rest is filled in and dated. It necessarily contains ten written words besides the signature, date, and direction. The statement so far as it goes is very good, though it might with advantage contain one or two more particulars. The form of medical certificate is clumsy, intricate, and involves repetitions. In filling up the form, even before giving the certificate which contains the facts indicating insanity, at least thirty-two words have to be written, and, from the mode in which the form stands, numerous loopholes for omissions and errors seem to present themselves to practitioners.

2. *Medical certificates.*—In the Carlisle district I think the medical men are specially well educated, are careful and accurate, and do not willingly cause more trouble than they can help, yet a very considerable proportion of the orders of admission have been returned by the Commissioners in Lunacy, even last year, owing to omissions, such as want of accurate statement of qualification or some slight omission in the filling up of details concerning the patient. On the whole, I may say it is rather rare in the Carlisle Asylum to have certificates returned owing to want of matter indicating insanity, and when such occurs it usually is in the case of young inexperienced medical men who have not taken advantage of the opportunities now open to them at most of the chief schools of medicine. The most striking instance of this nature that occurred during 1887 was the following. A female patient was admitted in a state of undress and excitement, which would easily allow of such a proper description of her appearance, manner, conduct and behaviour as would satisfy the most critical judge of a medical certificate, and I am led to believe her state when examined was in all particulars the same as when I saw her first, yet the young medical man who certified the case could only, under the facts indicating insanity observed by myself, insert "She will not answer any questions." Of course this certificate had to be returned to this medical man for amendment. I certainly think a patient would have good grounds for an action at law against a medical man for sending him to an asylum on such a certificate. So much did this strike me that I wrote to the Commissioners in Lunacy on the subject, and brought it before the Committee of Visitors of the Asylum, to prevent myself from being implicated. Were it of moment, I could give the percentage of orders returned during the past year for correction and amendment. Each costs fourpence in postage and gives trouble to asylum officials; but I really feel that most of the causes for which orders are returned for correction are the result of the clumsy, intricate, and unnecessarily formal mode in which this document is drawn up, and that an effort should be made by the profession to have the order drawn up in a more sensible and more simple form. In England every year more than £13,000 is expended in lunacy certificates; and the time has surely now come when the study of insanity should be required for a licence, and the capability of writing a lunacy certificate made a test in examinations. I sketch out what appears to me would fully meet the legal requirements, would contain all that the present form contains, and yet would not need nearly so much filling up, or present so many opportunities for either omissions or mistakes.

3. *Sketch form of order of admission.*—1st. Statement containing particulars of patient and full designation as it at present stands in order. 2nd. Medical certificate. Form altered to following:—

"I, the undersigned, being a registered practitioner of medicine, hereby certify that I, on the _____ day of _____, 188____, personally examined _____, concerning whom all particulars are given in the above statement. I consider him to be of unsound mind, and a proper person to be taken charge of and detained under care and treatment in an asylum. I have formed this opinion on the following grounds—viz.: (1) Facts indicating insanity observed by myself; (2) other facts (if any) indicating insanity communicated by others.

"Signed _____
Registered qualification _____
Registered address _____
Date _____."

3rd. Magistrates order of reception and detention. It is last signed, and should follow the others:—

"I, the undersigned, direct you to receive the above-named and described _____, whom I have personally examined, as a patient into your asylum, particulars concerning whom are contained in the foregoing statement and medical certificate.

"Signed _____
Qualification _____
Date _____"

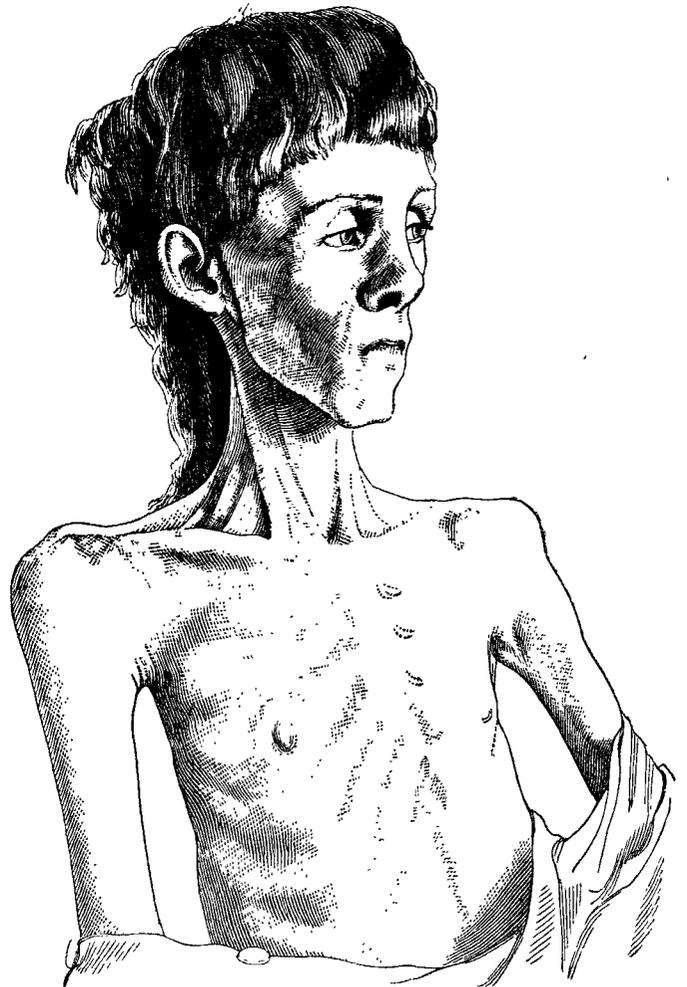
Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

ANOREXIA NERVOSA.

BY SIR WILLIAM GULL, BART., M.D., F.R.S.

It may interest the readers of THE LANCET to look at the accompanying wood engravings, which were made from photographs of a case of extreme starvation (anorexia nervosa) which was brought to me on April 20th of last year by Dr. Leachman, of Petersfield. Dr. Leachman, was good enough subsequently to send me the following notes; and afterwards, at my request, the two photographs, taken by Mr. C. S. Ticehurst, of Petersfield. The case was so



Photographed April 21st, 1887.

extreme that, had it not been photographed and accurately engraved, some assurance would have been necessary that the appearances were not exaggerated, or even caricatured, which they were not.

Miss K. R.—, aged fourteen, the third child in a family of six, one of whom died in infancy. Father died, aged sixty-eight, of pneumonic phthisis. Mother living, and in good health. Has a sister the subject of various nervous symptoms, and a nephew epileptic. With these exceptions, there have been no other neurotic cases on either side in the family, which is a large one. The patient, who was a plump, healthy girl until the beginning of last year (1887),

began, early in February, without apparent cause, to evince a repugnance to food; and soon afterwards declined to take any whatever, except half a cup of tea or coffee. On March 13th she travelled from the north of England, and visited me on April 20th. She was then extremely emaciated, and persisted in walking through the streets to my house, though an object of remark to the passers-by. Extremities blue and cold. Examination showed no organic disease. Respiration 12 to 14; pulse 46; temperature 97°. Urine normal. Weight 4 st. 7 lb.; height 5 ft. 4 in. Patient expressed herself as quite well. A nurse was obtained from Guy's,



Photographed June 14th, 1887.

and light food ordered every few hours. In six weeks Dr. Leachman reported her condition to be fairly good; and on July 27th the mother wrote: "K— is nearly well. I have no trouble now about her eating. Nurse has been away three weeks." This story, in fine, is an illustration of most of these cases, perversions of the "ego" being the cause and determining the course of the malady. As part of the pathological history, it is curious to note, as I did in my first paper, the persistent wish to be on the move, though the emaciation was so great and the nutritive functions at an extreme ebb.

CASE OF
STRANGULATED INGUINAL HERNIA UNACCOMPANIED
BY LOCAL PAIN.

BY JAMES SHAW, M.B. GLAS.

THE case of strangulated femoral hernia narrated by Mr. Oscar B. Thelshwell in your issue of Jan. 14th, and the following case, for permission to publish which I am indebted to the courtesy of Dr. Arrol, may serve a useful purpose if they emphasise and enforce the fact that cases of strangulated hernia may, and do, occur without manifesting local symptoms sufficient to excite suspicion or alarm. Indeed, cases are on record where patients have been in ignorance that they suffered from hernia, and the surgeon

was prompted to examine for strangulated hernia by the general condition of the patient. We know that it is true generally that in large herniæ or herniæ accompanied by omentum the pain is not severe. In this case the hernial protrusion was small and there was no omentum. I am disposed to attribute the absence of pain in the tumour to the age of the patient, the feeble condition of her health, the presence of a considerable amount of serum in the sac, and to the comparatively slow development of symptoms.

Mrs. T.—, aged fifty-two, a delicate woman, mother of three children, has for three years suffered from rupture, for which she wore a truss during the day. It caused her no trouble, and she paid little attention to it. On the morning of Dec. 21st, 1887, it came down as she was getting out of bed. It had often come down before, and on this occasion she took no notice of it, as was her custom. Some hours afterwards there was a light movement of the bowels, and she began to experience pain in the region of the umbilicus. Towards evening she was sick and vomited some bilious matter. The sickness and pain gradually grew worse till the following Saturday, on which day I saw her with Dr. Arrol. She was anxious and somewhat weak, but only slightly depressed. Pulse 96; temperature normal. The vomiting continued, and had begun to acquire a slightly fetid odour. There was thirst, but the urinary flow was normal. Constipation was absolute, and no flatus was passed. In the right groin there was a tense tumour of the size of an orange, dull on percussion, with no perceptible impulse on coughing. Free manipulation and the moderate pressure that was used did not elicit any complaint of pain or tenderness. The fixed pain about the umbilicus continued, and there were paroxysms of pain of some severity along the line of the transverse and descending colon. A gentle, patient trial of taxis was made, but proved unsuccessful. It was then decided to perform herniotomy, but as the symptoms were not urgent the operation was postponed till the following day (Christmas Day), and local applications were ordered. Dr. Arrol operated in the presence of Surgeon-Major Hare, A.M.S., and myself. Though the patient suffered from marked aortic and mitral disease, she took the A.C.E. anæsthetic very well. On opening the sac, about four ounces of straw-coloured serum escaped, free from all offensive odour. The gut was without adhesions, and measured three inches in length. It was very dark in colour, but still firm and elastic, and no signs of inflammation were visible. There was a tight constriction at the external ring, and on this being divided the hernia was easily reduced. The sac was ligatured high up and excised, and the operation was completed in the usual way. The subsequent course was all that could be desired. The temperature was never more than fractionally elevated; the bowels were moved spontaneously on the third day, and she made a good recovery.

STRANGULATED FEMORAL HERNIA, WITH ENTIRE
ABSENCE OF LOCAL PAIN.

BY EDWIN SIMPSON, L.R.C.P. & S. EDIN.

THE subjoined case will be of interest, following, as it does, on that quoted by Mr. O. B. Shelswell, in THE LANCET of Jan. 14th last, under the above heading.

Mrs. A.—, aged forty, of a delicate constitution, with a history of irregular action of bowels for some time, having undergone unusual exertion in lifting a quantity of coal, noticed a couple of days afterwards a small swelling in the left groin, which gave no inconvenience, and which did not disappear at any time. A week later she complained of nausea and vomiting, and sought medical advice. On Jan. 18th I attended the patient for my principal, Mr. Sers, who saw the patient throughout the treatment. I found, on examination, a small tumour in the left groin, which the patient allowed to be manipulated in every way without the slightest symptoms of pain, although she had the usual griping pains of abdomen and around the umbilicus. She vomited everything taken. Opium and enemata were used, which brought away a large mass of scybalæ. She gradually became worse, and on the sixth day stercoraceous vomiting set in, requiring urgent operative