The present admission order: its chief faults. 2. Medical certificates: my experience of them. 3. A sketch form of the difference between the order for the reception of a patient. It is unnecessary for me to go into details as to pauper and private patient. Suffice it to say that a relative 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 this 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 an 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 appeal to the Committee of Visitors of the Asylum on such a certificate. So much did this strike me that I wrote to the Commissioners in Lunacy on the subject, and certainly think a patient would have good grounds for an appeal to the Committee of Visitors of the Asylum on such a certificate.

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

To Asylum.

1. The undersigned, direct you to receive the above-named and described patient, whom I have personally examined, as a patient into your asylum, particular 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 23rd 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 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 absolute, and no flatus was passed. In the right groin there was a tense tumour of the size of a small plum, dull on percussion, with no perceptible impulse on coughing. Free manipulation and the moderate pressure which the patient allowed to be manipulated in every way without the slightest symptoms of pain, although she had 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.

CASO 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. Thelwell 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 if a surge

Photographed June 14th, 1887.