

two or three days peptonised milk and beef tea were taken by the mouth in small and frequent doses. In ten days she could take a moderate diet by the mouth, but suffered from diarrhoea. On the thirteenth day after admission she rapidly became worse, the temperature rose to 102° F., and on the fifteenth day she died. At the necropsy some old caseous foci were found at the base of the left lung; the stomach was congested with scattered ecchymoses; the other organs were normal. The case was diagnosed as probably one of anorexia nervosa, but in spite of the great emaciation no fatal issue was apprehended till two days before death. This diagnosis was, in the absence of any lesion to account for death and in the absence of diabetes, supported by the post-mortem examination. The presence of the old tuberculous foci in the lungs is of interest, in that this disease was supposed to originate from latent tuberculosis; but in the above case the tubercle was too small in extent and too localised to have been a factor in the cause of death, which was presumably due to the inanition having proceeded too far for recovery before systematic and regular treatment was begun. Dr. Laségue, writing on this disease in 1873,¹ states that death in such cases is never due primarily to the anorexia, but to some secondary disease such as tubercle occurring while the patient is in a lowered condition. Sir William Gull,² on the other hand, records a fatal case with no organic changes except thrombosis of the femoral veins.

London, W.C.

OBLITERATIVE ARTERITIS IN A BOY FOURTEEN YEARS OF AGE.

BY BERTRAM W. BOND, M.B., B.S. DURH., M.R.C.S.,
L.R.C.P. LOND., L.S.A.

WHILE acting as locum tenens to Dr. Easby of Peterborough a boy fourteen years of age came to me suffering from a sharp attack of "shingles" extending round the left side of the chest and back. He was evidently in bad health, and on taking his left wrist to feel his pulse I discovered that none could be felt. No pulse could be felt anywhere in the left upper extremity until the subclavian was reached. Here the beat was synchronous with that of the right subclavian, but much feeble. The radial and brachial arteries could be felt as cord-like bodies. On questioning the boy he said that beyond occasionally having "pins and needles" in the left arm and fingers he had felt no inconvenience whatever, and in fact he was unaware of the condition. He usually suffered from chilblains during the winter months, especially on the feet. The collateral circulation was evidently good, for beyond a slight blueness of the fingers there was no other visible sign of deficient nutrition. The temperature of the fingers was practically the same on both sides, and there was no anaesthesia. As regards cause, there was no sign of cervical rib or other pressure on vessels, the heart sounds were normal, and no specific or rheumatic history could be obtained. There were no signs of congenital syphilis elsewhere. The pulse in the right radial was normal, and no undue thickening of arterial walls could be felt. The interest of the case lies in the early age of the patient. I have seen a similar condition at the age of twenty-three and twenty-four years, but believe it to be rarely seen in a patient as young as fourteen years.

Englefield Green.

CASE OF POISONING BY NUTMEGS.

BY T. G. SIMPSON, L.R.C.P. EDIN.

HAVING been in practice a great number of years without seeing, or even hearing, of a similar case, I think the following particulars of a case I had recently under my care may possibly interest some of the readers of THE LANCET.

On Sunday morning, Dec. 9th, 1894, during my absence, my assistant, Mr. E. Gibbs Smith, was called to see a woman twenty-six years of age. His report was as follows:—"I found the patient lying upon the bed in a drowsy condition and very delirious, the delirium taking the form of confusion and mistaking one person for another. There were fairly lucid intervals. She complained of a sensation of great tightness across the chest, of vertigo and faintness upon

attempting to stand. She had vomited several times, but unfortunately I was unable to see the vomited matter. The pulse was 75 per minute and rather feeble, as was also the heart's action. The pupils were normal. Inquiries of a person in the house elucidated the fact that the patient, a strong, healthy woman, had, being a week over her menstrual period, taken two nutmegs, bruised, in a small quantity of gin. I ordered her to be kept in bed and to be given a little strong coffee with a dessert-spoonful of brandy in it every half-hour. I also prescribed the following mixture every four hours: bromide of potassium, carbonate of ammonia, bicarbonate of soda, spirit of cajuput, and chloroform water." I saw the patient myself in the afternoon, and found her condition considerably improved, but still showing the symptoms described. I continued the same treatment, and the next day she was very much better, but still had some vertigo and was very weak. I discontinued the coffee and brandy, but kept on with the medicine, and by the following day she was able to get up, though still weak. The case has gone on favourably since. I may add that the nutmegs had no effect whatever in producing miscarriage.

Hackney-road, N.E.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

HOSPITAL FOR SICK CHILDREN, GREAT ORMOND-STREET.

SLOUGHING OF URETHRA FROM PRESSURE BY A METALLIC RING; PLASTIC OPERATION; RECOVERY; REMARKS.

(Under the care of Mr. EDMUND OWEN.)

THIS case is an example of an injury by no means rare in children, usually in consequence of some act of their own in tying or twisting a ligature of some kind round the penis. A case, however, has been recently recorded in which the constriction was produced in an infant by a human hair, there being no evidence as to the manner in which it had been applied. The injury resulting does not often extend so far as it did in this patient, for, as Mr. Owen remarks, there is a probability that a traumatic stricture will yet develop, although the urinary fistula is closed by operation. Urinary fistulae in the penile portion of the urethra are difficult to close, and none of the recognised methods of operation introduced by Ricord, Nélaton, or Le Gros Clark were available here. Mr. Owen therefore performed a novel operation, as described below, with a successful result. For the notes of the case we are indebted to Mr. C. F. Marshall, surgical registrar.

On March 30th, 1894, a boy nearly twelve years of age was admitted to the Hospital for Sick Children for incontinence of urine. The boy's mother said that she first noticed a swelling of the penis about a month previously and applied fomentations to it. Latterly the boy had lost control over his urine. She knew nothing more. The prepuce and glans penis were greatly swollen. Behind the swelling there was a constriction caused by a metallic ring five-eighths of an inch in diameter. The ring, which originally surrounded the penis, had now ulcerated through for a considerable distance so as almost to amputate the organ, and there was a large urethral fistula at the seat of constriction, the result of an extensive sloughing. Chloroform was at once administered and the ring was cut through with bone forceps and removed. At the same time a large portion of the oedematous prepuce was taken away, and a catheter was passed down to the fistula, but it could not be got into the bladder. On May 2nd the oedema of the penis had gone down considerably, but there was still a great deal of swelling in front of the constriction. All urine was passed by the fistula. Ether having been administered, Mr. Owen cut down on the strictured part of the urethra and passed a grooved staff into the bladder; he then cut down upon the staff in the perineum and introduced a permanent drainage-tube into the bladder through the middle line. On June 13th, under ether, Mr. Owen dissected away all scar

¹ Archives Générales de Médecine.

² Journal of the Clinical Society, vol. vii., 1873.