hardened, and was only gradually dislodged by the mucus gathering round it. On the fourth day the steam kettle, heated by a spirit lamp, got upset, and the carpet and curtains being quickly in a blaze, my patient and nurse had to hurriedly decamp into another room whilst the fire was got under. Still, despite these adventures, we had no lung or other complications. Mr. Lennox Browne, when he saw my patient after the operation, suggested the danger of necrosis of the cartilages from the already existing perichondritis, coupled with the pressure of the tube in its somewhat cramped quarters in the crico-thyroid space, and hence feared that a further operation of tracheotomy might still be necessary to avoid this danger. But the tube, an ordinary bivalve, was well borne, and my patient soon learned to accommodate it for himself until it was comfortable. Meanwhile, I pushed the anti-syphilitic treatment, and after a fortnight believed I saw a slight increase in the patency of the glottis, which was gradually changed to a certainty, as the cords were evidently slightly mobile, the thickening of the surrounding parts diminished, and the gummata (?) got smaller and disappeared. I tried several other tubes as substitutes for the bivalve, but until I got some soft rubber ones my patient expressed a decided preference for the original bivalve. Getting one of the soft rubber tubes that was comfortable, I cut an opening on the convexity, so that he could by stopping the external opening breathe through the larynx. This was on May 26th; but it was only by very slow degrees that my patient could be convinced there was any increased patency in the laryngeal opening; but by plugging it for half an hour or so at a time he gradually acquired confidence, and eventually we kept it plugged for hours together. On July 6th I finally removed the tube, which thus (with its predecessor) had been worn for nearly twelve weeks, and the wound healed in a few days with simple dressing. The cords had then resumed quite two-thirds of their normal range of mobility, and though the voice was still somewhat hoarse, there was perfect ease in breathing. Now (February, 1888) my patient is stout and hearty, and has a fairly normal larynx, with a scar over the seat of the operation that is hardly perceptible.

It seems to me that the case is worthy of record from the success of an operation performed *in extremis* and without any assistance, and from the fact that, contrary to the usual history of syphilitic stenosis of the larynx, the stenosis disappeared under treatment, and the tube which had saved the patient from suffocation could be safely dispensed with after three months' wear.

OLD FRACTURE OF BOTH PATELLÆ; FORMATION OF BONE IN THE LIGAMENTOUS UNION.

By HERBERT W. PAGE, M.A., M.C. CANTAB.

A MAN, aged fifty-three, who was recently under my care in St. Mary's Hospital because of a self-inflicted throat wound, was the subject of old fracture of both patellæ, in which distinct bony formation was to be felt in both the ligamentous bonds between the widely separate fragments. The condition observed is so unusual that the facts seem worthy of record. They are as follows:—*Right patella*: Broken thirty-three years ago; simple transverse fracture by muscular violence; fragments separated two inches, and connected by distinct ligament of the usual character. In the centre of this ligament is a portion which is much harder than the rest and moves with it, and gives the impression of a small piece of bone having been let into it. This harder, or osseous, piece is of the same width as the ligament, and measures about a quarter of an inch from above downwards. The condition is not nearly so obvious in this leg as in the other; and, indeed, it may be doubted whether it would have been possible to tell what it was, had not the nature of that in the left leg been quite unmistakable. *Left patella*: Broken thirteen years ago; simple transverse fracture by muscular violence. Hasty examination would lead to the idea that the patella was broken into three pieces; but a more careful investigation shows that the upper and lower fragments are of the usual character, the upper portion being rather larger than the lower, and the two together being sufficient to form a patella somewhat above the usual dimensions. These fragments are clearly united by ligament, in the centre of which—or to be more exact, an inch and a half below the upper

fragment and an inch above the lower—is a distinct bone formation, of the same width as the ligament, and freely incorporated with it, feeling like a flat plate of bone laid upon or let into it, and measuring nearly half an inch from above downwards. There could be no doubt that it was bone, for lateral compression had no influence in diminishing its width, as in the case of the true ligament. Nothing in the feel of the fragments of either patellæ, of their surfaces or margins, led to any suspicion of the bones having been originally broken into three pieces; nor did the history suggest any other cause than muscular violence for the injuries. In both instances the man had been in hospital about six weeks, and both times had left with his leg put up in starch. That was all he could tell us as to treatment.

I have examined, as probably have most surgeons, a large number of old patellar fractures, but have never met with anything of the kind before, nor in many works consulted have I been able to find the description of any like thing. In a recent paper by Ollier of Lyons on Resection of the Knee,¹ is the record of a case of excision of the knee in which the patella was removed after completely detaching it from its periosteum, and we read in the account as follows: "Une particularité curieuse à signaler c'est qu'il s'est reformé une nouvelle rotule dans la gaine périostique conservée. Cette rotule est sensiblement aussi large, mais moins épaisse que celle du côté sain." The curious circumstance of Ollier's case is surpassed by the curiosity of my own, and it is difficult to say by what tissue the new bone had been formed. Hardly by periosteum, for, even if some periosteum had been stripped off, it seems altogether unlikely that pieces of it could have become so detached as to lie in the positions occupied years after by these plates of bone. Not from bits of the patellæ themselves, for it is inconceivable that muscular violence could have rent each of the bones into three fragments. Were the plates formed by some unwonted effort of nature towards bony union, instead of the ligamentous union with which widely separated fragments of broken patellæ have usually to be content? It is strange, if so, that the effort is so rarely made, and in asking the question, and, indeed, in an appeal to nature, there lies a confession of inability to account for the *particularité curieuse* met with in this case, which may be of interest to others besides those who saw it in St. Mary's Hospital.

NOTE ON THE ORDER OF ADMISSION OF LUNATICS TO ASYLUMS.

By J. A. CAMPBELL, M.D., F.R.S.E.,
SUPERINTENDENT OF THE COUNTIES ASYLUM, CARLISLE.

LAWYERS, as a rule, draw up our laws, and do so after their own fashion; and they cannot be reasonably blamed for doing so. They make all that they have to do with wordy, and no doubt accurate; but, unlike medical men, much that lawyers have to do, and to do with, can be done by their subordinates. They are able to get all their details filled in by clerks, whom they pay at a low rate, and they are able to charge as if the work was done by themselves. Now, except in some very exceptional posts, medical men have to do the work that they charge for themselves, and it would be greatly for their interest if in all matters where their duties take legal form in writing that repetition should be avoided, that a minimum of legal formality of description and designation should, where consistent with accuracy and legality, be the rule, not the exception.

It is probable that a Lunacy Amendment Act will during this session come before Parliament, and as the order of reception of lunatics must necessarily be included in the measure, I think it not at all uncalled for at this juncture to make some remarks on the order which has hitherto been in force, to offer some suggestions, and to give a sketch form of what appears to me would not only fulfil all legal requirements, but lessen trouble and avoid the present numerous pitfalls for errors, omissions, and misstatements which may so readily result from the form in which the present order is couched. I think this matter is of such importance that medical men should discuss it at some of the Medical Societies, and should indicate to the legal authorities their views on the subject. I shall have done my part in directing attention to it, and in shortly discussing the following:—

¹ Revue de Chirurgie, 1887, p. 607.

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:—

"To _____ Asylum.
"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),