albumen required to make flesh with this beef-tea and which the blood must have to supply would amount to 149 grains (9.64 grammes). Now, twenty pounds of blood would contain (at 90 per 1000) 12,600 grains of albumen; so that blood may be expected to be able to continue supplying albumen to the material of beef-tea to make flesh some time after any food has been taken. This length of time must be regulated by the rate of the formation of urea and that of the waste of tissues.

A CASE OF FEIGNED DISEASE.*

By ANDREW AITCHISON, M.B., Wallsend.

THE history of this case is somewhat obscure; but I shall give it as nearly as I can remember, having heard it from the female who was the subject of disease. The case is rather interesting, as the woman lay in bed for twenty-two years, never being up during that period even to have her bed made. She also vomited for seventeen years matter having a faecal character.

J. H., aged 19 at the time of attack, was seized with a fit in the summer of 1850 while making hay, which the medical man who was called pronounced to be hysterical. From this time, she never was strong. About six months after this fit, she was attacked with an inflammation of the chest, which left her very weak. On recovering from this attack, she attended the Newcastle Infirmary regularly for some time, as she still suffered from hysterical fits; but, as she did not receive any benefit from the medicines she took, and seemed to grow weaker, her medical adviser recommended that she should lie in bed until she was stronger. As she appeared to be no better in bed, she was advised to get up and try to go about again; but this, she said, she was unable to do, so there she remained. About five years after the commencement of her illness, she was seized one day with vomiting and violent pain in the bowels, and at the time the pain was very severe she thought she felt something give way. The pain left in a few days, but the vomiting continued, and no medicine she took relieved it in the slightest.

She came under my father's care, on the death of the parish surgeon who attended her, in the summer of 1862. She then complained of a tightness over the chest with pain shooting through to the back, and a severe cough, occasionally attended with spitting of blood. There was great tenderness over the abdomen. She vomited several times a day, the vomited matter having a very offensive and faecal odour. Her bowels were moved, she said, about once in five weeks. I may as well mention that at each visit the vomited matter was shown, and it always had the appearance of being newly ejected. The stench, also, was unbearable. On examining the patient, no tumour or anything abnormal was discovered in the abdomen. The chest was dull on both sides, and she had all the signs of incipient phthisis. After having tried various drugs with a view to check the vomiting, and seeing that she got no better, but that the sickness seemed to be aggravated by taking medicine, the conclusion arrived at was that the patient might be suffering from gastro-colic fistula, although the case was entered in the pauper-book as one of doubtful character. During her illness she was seen by several medical men to whom I had mentioned the case. Nearly all had some doubt as to where the vomited matter came from, and two said that they did not believe she vomited at all; but as she had been seen to vomit on several occasions, that doubt was removed.

About two years ago, I asked Dr. Philipson to see her with me. He examined the patient and the vomited matter very carefully, and in the vomited matter he found large quantities of cotton-wool mixed with articles of food, and he then expressed his opinion that the patient swallowed cotton-wool in order to cause the vomiting and the peculiar character of the vomit; and that her object was to deceive, in order to obtain sympathy and charity from her neighbours. On being told that she was accused of eating cotton-wool in order to cause the vomiting, she denied it, and said that she would never give herself so much pain as that caused by the vomiting if she could help it. The symptoms continued without variation for seventeen years; and about three weeks before her death she was seized with obstinate diarrhoea, and the vomiting and sickness suddenly ceased. The diarrhoea lasted for three weeks, when she died as from consumption.

After death, I made a *post mortem* examination of the body. Great difficulty was experienced in opening the chest, owing to its sternal portion being firmly bound down by the pleura. The pericardium was firmly attached to the pleura and ribs of the left side, and also to the diaphragm. Both lungs were firmly attached to the walls of the

chest by old adhesion. Both lungs were infiltrated throughout by tubercle, and in the upper lobe of the left lung there existed a cavity of large size. The pericardium was thickened, and contained about two ounces of serum. The heart was exceedingly small. The abdomen was carefully examined. No communication existed between the stomach and colon. The stomach itself was healthy, and of normal size. The liver was enlarged and slightly fatty. The bowels appeared to be healthy throughout, with the exception of a little redness of the mucous membrane. The uterus with its appendages and all the other organs were perfectly healthy. It was very satisfactory after so many years of doubt to find out the true nature of the case. Instead of its turning out to be one of gastro-colic fistula as it had been supposed to be for many years, it was found to be one of hysteria, as revealed by the *post mortem* examination. It is also very remarkable that she should have deceived her friends so long; even her own mother, who waited on her day and night, seemed to be perfectly ignorant of her deception.

ADDISON'S DISEASE.

By JOHN F. NICHOLSON, F.R.C.S., Stratford.

A. W., aged 14, was seized on September 14th, 1871, with vomiting of food and bile. His bowels had been freely moved by effervescing magnesia the day before. His illness could not be traced to any cause except having eaten some ripe red plums. Diarrhoea was epidemic. The vomiting continued more than a week, in spite of the most careful diet and medical care. Turpentine stupes were applied, and ice was freely given. Beef-tea was the first thing retained; brandy and water was most unpalatable. I had ordered it, as his pulse was very low and the exhaustion great. He looked of a dull, leaden hue, reminding me of cholera collapse. His extremities were cold, his tongue clear and red, and he had great thirst. His skin, naturally dark, had on it several black-coloured mole-spots, chiefly on the neck and arms; the lips were not red, but of a dark purplish hue. All the other members of his family were fair and healthy. He had an attack of phlegmonous erysipelas in the left arm in 1860, when two years old; tetanic symptoms set in; free scarification gave relief, being followed by abundant purulent discharge and sloughing of the cellular tissue. He recovered, and had since enjoyed tolerably good health; but his mother said he had always been of a very sensitive nature, and highly emotional. The scar left where I made the incision was now of a dark coppery colour, and his shoulders were also striped with a band of the same dark hue, where they had been chafed by his braces and the basket which he carried as a baker's lad. The genitals were almost black, like those of a mulatto. The mole-spots were perfectly black, melanotic, varying in size from a dot to that of a shilling. His ankles were scarred by marks of the same dirty coppery colour, where his boots had chafed the skin. His bowels were costive; but simple aperients acted well, the faeces being healthy, with abundance of normal bile. His urine was acid, always in all respects healthy, without a trace of albumen. His abdomen was flat, and, on careful examination, gave no positive indications of disease. His sleep was tranquil, but his head swam when erect. The vomiting generally came on when he awoke and attempted to stand; it was preceded by giddiness. Nothing but a little froth or phlegm was voided ordinarily, excepting what might have been swallowed immediately before. He improved a little, but lost flesh rapidly. He was able to take a little mutton occasionally; but beef-tea and milk were the staple articles of his food. There had been no pain in the loins, nor any sense of fullness or tenderness. The tongue remained very clean and moist, the skin generally cold; but his pulse was about 80, and small.

October 8th. Dr. Sutton kindly saw the case with me, and said all the abdominal organs seemed sound; but as to Addison's disease, he felt doubtful. The discoloration he considered too general, the wasting unusual, and the age of the patient younger than any case he had seen in marked disease of the suprarenal capsules. The patient was obliged to keep the recumbent posture; his bowels became more constipated. The saline alkaline aperients suited best; the mineral acids did not agree. A little tincture of calumba, and then of bark, with carbonate of potash and sal volatile, sat best on the stomach.

November 6th. He had improved for the last ten days. There had been no vomiting. The appetite improved; the bowels acted fairly; His complexion was better; but the skin on the back looked coppery; and immediately above each knee there was a streaked space about an inch and a half wide, as if it had been brushed over with a purplish colour. This had been noticed during the last four or five days. He said he was not giddy, and wanted to go out.

March 30th, 1872. He had been able to do a little work in the bake-

* Read before the Northern Branch.