Currie's complaint?

SIR: Patients with eating disorders commonly employ a variety of strategies to control their weight which may lead to harmful physical consequences – the desire for weight loss overriding concerns about physical well-being. Patients may compromise the care of coexisting medical illnesses such as diabetes and Crohn's disease in order to lose weight (Treasure, 1991). We have recently seen a young woman who described trying to contract *Salmonella typhi* as a means of weight control.

Case report. Ms A, a 20-year-old care assistant, was referred to the eating disorder clinic by her general practitioner (GP). She met ICD–10 criteria for bulimia nervosa (body mass index 25 kg/m^2) World Health Organization (1986). She gave a three-year history of daily binges on large quantities of high-calorie carbohydrate foods and of self-induced vomiting twice daily. Her overconcern with her weight led her to walk 4–5 miles a day, swim four times a week and exercise at home "until the point of pain". She had a history of abuse of laxatives and appetite suppressants.

Ms A decided to try to contract *Salmonella typhi* after hearing a colleague at work describe how he had lost a stone in weight following Salmonella food poisoning. To try to contract the infection she ate partially defrosted raw chicken, mixing it with curry powder to render it more palatable. She left out sausages for one week before eating them and on two occasions ate reheated pork as she believed that this was particularly likely to lead to infection. Despite her efforts Ms A remained free of any sickness and diarrhoea. She has now stopped trying to make herself unwell but does admit to fantasising about being involved in a road traffic accident. She imagines being "in a coma unable to eat and on a drip", as she feels this would lead to substantial weight loss. Because of the secretive nature of weight control strategies we were unable to corroborate this patient's reported behaviour, although she had given a similar history to her GP. Unlike those patients with Munchausen's syndrome (Asher, 1951) who present with artefactual illness, our patient sought genuine physical illness as she welcomed the symptoms of anorexia and weight loss.

We are not aware of any other reports of eating disorder patients trying to contract food poisoning and we would be interested to hear of any other cases. We suggest that it might be politic to name this behaviour Currie's complaint in honour of the member from Derbyshire South.

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CORRIGENDUM

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A HUNDRED YEARS AGO

Sleeplessness

Whether as appears likely, sleeplessness is more characteristic of our own days than those of our predecessors, or that, in accordance with a scientific fashion, it is now more noticed, we certainly hear of its prevalence with somewhat startling frequency. The nostrums proposed for the cure of this disorder are numerous. Many, if not most of them – we do not for the moment speak of narcotic drugs – are empirical, and are cast upon the public intelligence without any conscious reference to causes actually at work upon the brain and other nervous tissues. It does not necessarily follow that they are valueless, and we should no more think of repudiating their ordinarily legitimate exercise than of refusing the occasional aid of such medicinal agents as may be trusted safely to discharge the same needful function. It is to be understood, however, that we would, wherever possible, avoid, and replace by simpler non-medicinal methods, even such occasionally useful aid. This attitude is but rational, if we consider that the true object of treatment is never by choice merely palliative, but curative, and for cure there is needed the detection and removal of an active cause. The revelation of the causes of insomnia is, indeed, no simple matter. Thus much, however, we may say – namely, that just as the state of the brain in normal sleep implies a quiescent cerebral circulation somewhat reduced in volume, so in those whose nights are habitually restless we shall commonly find a condition of cerebral vascular tension. This, let it be noted, is not incompatible with general anaemia or with defective brain nutrition. There is, indeed, nothing so conducive to local vascular congestion as the constant exercise of a weakened organ. Mental worry thus acts upon the jaded brain, and we need not wonder, therefore, that it "murders" sleep. The