Nutmeg—an unusual overdose

Sir,
We report two cases of accidental nutmeg poisoning (myristica fragans).
A 29-year-old man and his 27-year-old wife were admitted simultaneously following collapse at home. Both complained of auditory distortion, micropsia, nausea and dizziness prior to collapse.
Six hours previously they had eaten a pasta dish, the ingredients of which were seemingly innocuous. Both patients were elated and had widely dilated pupils which reacted slowly to light and accommodation.
They were admitted for observation and slept soundly for 6 hours. On waking, the husband complained of intense thirst and dizziness; but his wife felt well.
On close questioning, the husband revealed that he had accidentally added one third of a 30 g spice jar of nutmeg to the meal whilst cooking it.
All investigations including liver function tests were normal. Twenty-four hours after admission, both seemed well and were allowed home. They suffered no further sequelae.
The earliest report of nutmeg poisoning in the UK was by P. W. Hammond (1906). He had attended a patient who had taken nutmeg as a home remedy for irregular menstruation. More recently nutmeg has been used for its hallucinogenic effects, often by ‘hippy-type’ subcultures. The commonest reported features of nutmeg poisoning are drowsiness, visual hallucinations, vomiting and tachycardia. Anticholinergic effects are widely reported. This feature is not compatible with the hypothesis that the active component of nutmeg is a monoamine oxidase inhibitor. The active component of nutmeg was widely believed to be myristicin (Shulgin, 1966), an aromatic ether believed to be metabolised to an amphetamine-like compound. However, this view has recently been challenged by Famsworth (1979) who claims that the active component is still unknown and that myristicin in itself is, in fact, harmless. The toxic dose of nutmeg is about 5 g (Green, 1959), though patients ingesting several times this dose are not necessarily more severely affected, possibly due to the emetic effect of nutmeg. One death due to nutmeg poisoning is reported by Dodge (1887).
Treatment of nutmeg overdose is purely supportive. Emesis may be useful in minimizing absorption.

J. H. SCHOLEFIELD
Northern General Hospital
Sheffield, England

Formerly
Accident Unit
Walton Hospital
Liverpool, England
ACKNOWLEDGEMENTS

I am grateful to Dr J. Y. Thomson for his help in preparing this letter and to Dr T. J. Bayley for allowing me to study his patients.

REFERENCES