

Hints to young medical officers of the army on the examination of recruits, and respecting the feigned disabilities of soldiers : with official documents, and the regulations for the inspection of conscripts for the French and Prussian Armies / by Henry Marshall.

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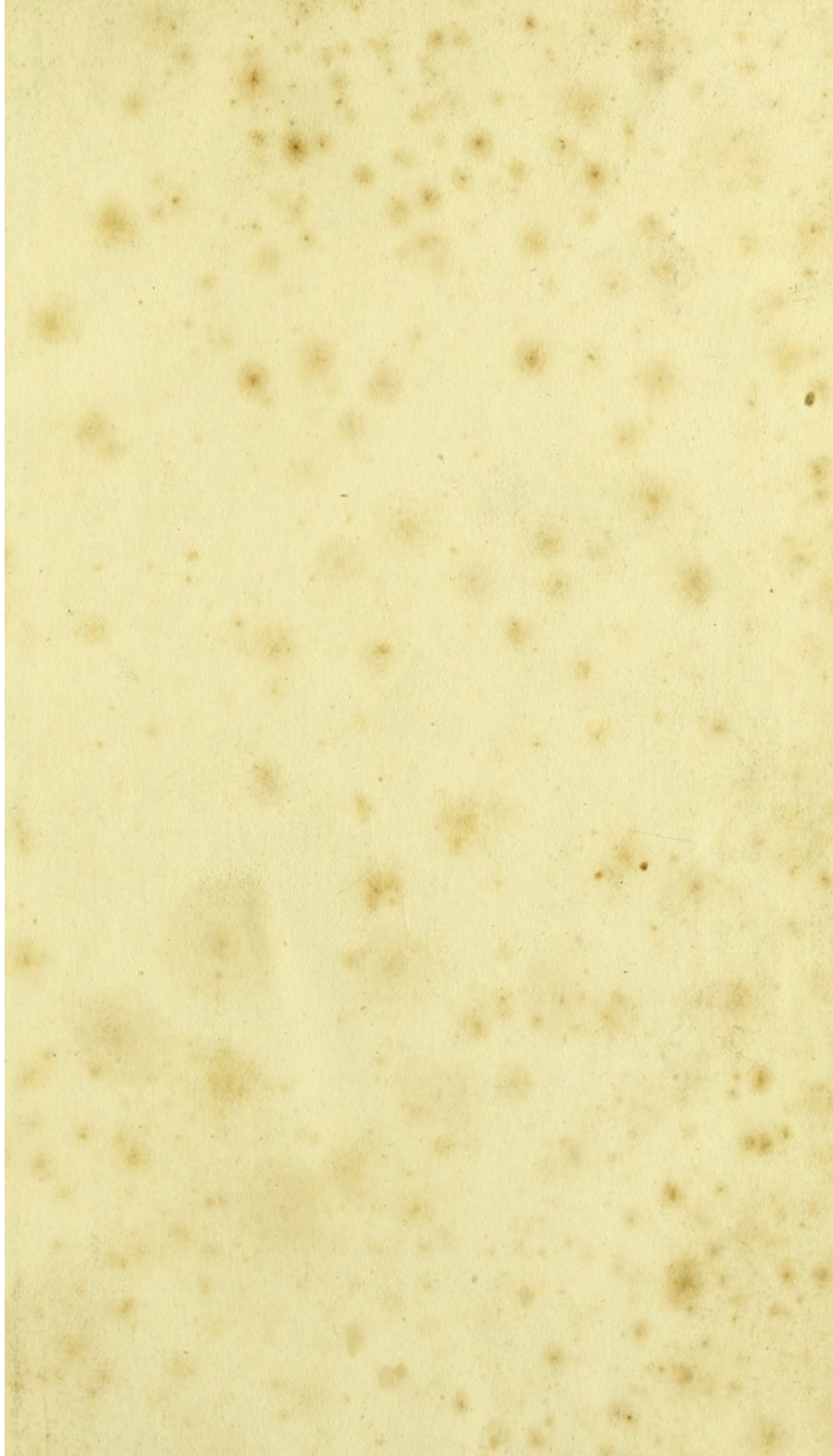


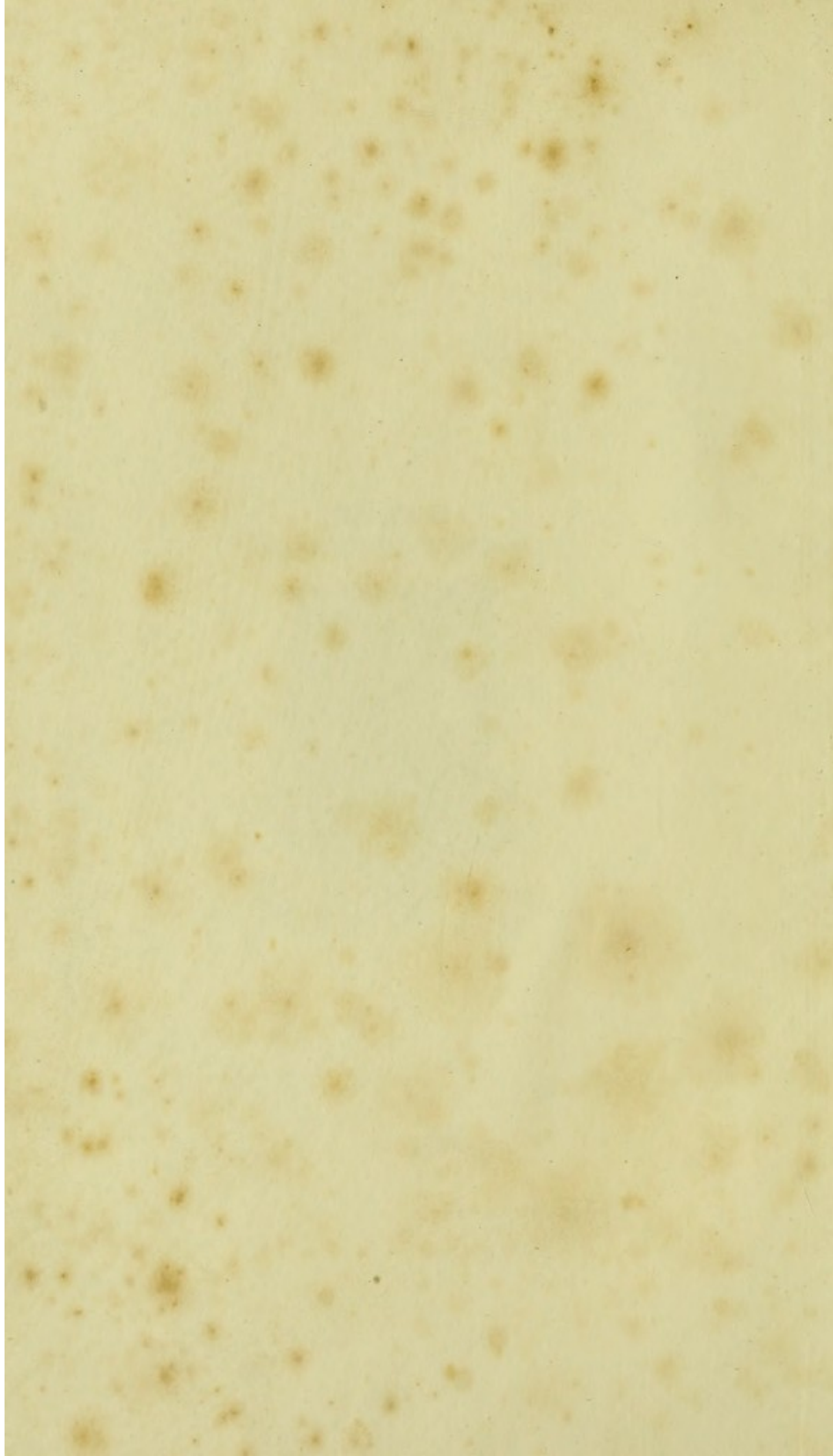
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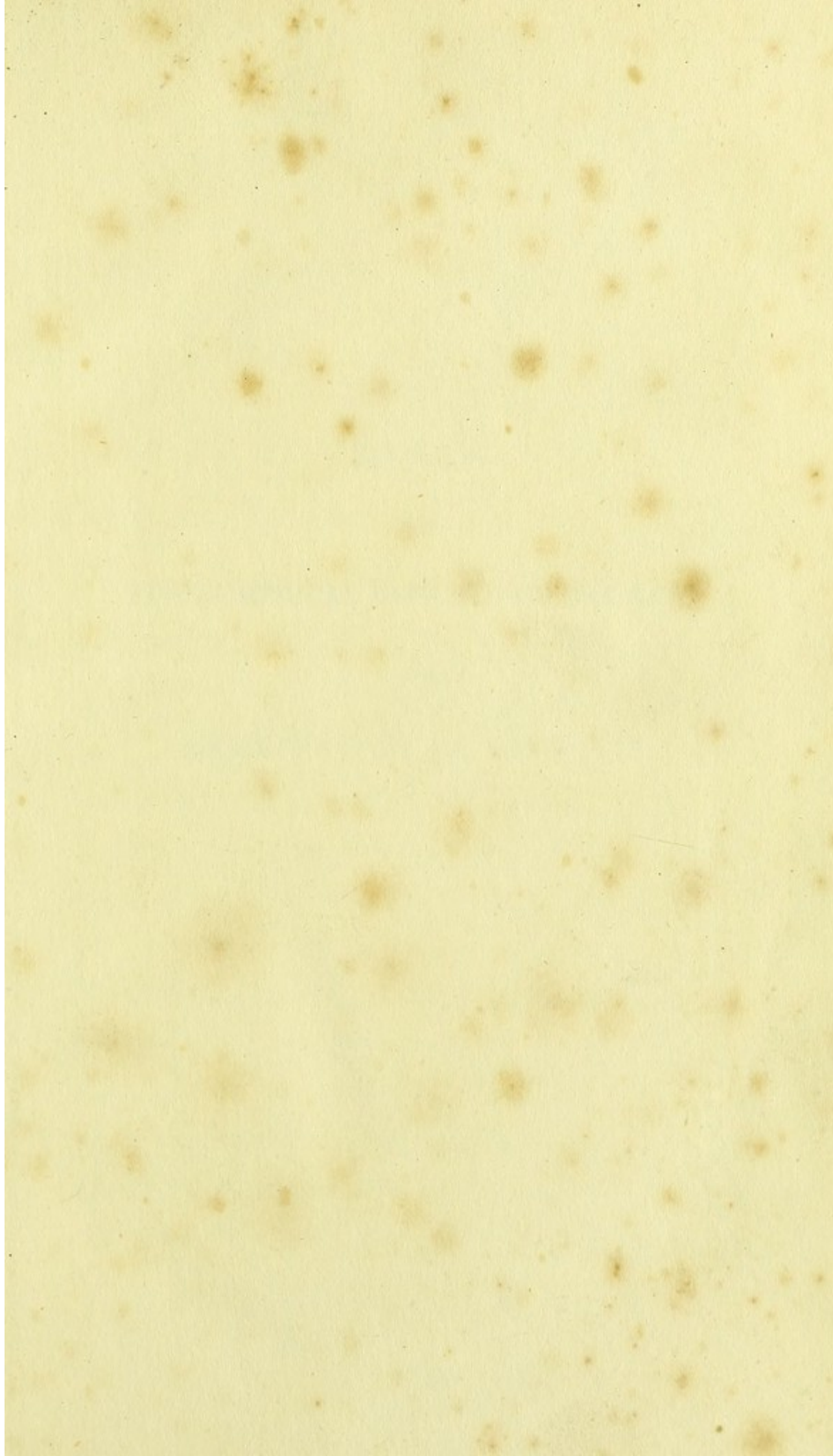


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HINTS
TO
YOUNG MEDICAL OFFICERS
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ON
THE EXAMINATION OF RECRUITS,
AND RESPECTING
THE FEIGNED DISABILITIES OF SOLDIERS;
WITH
OFFICIAL DOCUMENTS,
AND THE
REGULATIONS FOR THE INSPECTION OF CONSCRIPTS
FOR
The French and Prussian Armies.

BY
HENRY MARSHALL,
Surgeon to the Forces.

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1828.

HINTS

TO THE YOUNG MEDICAL OFFICERS

OF THE ARMY

BY SIR JAMES MCGILVER, M.D. F.R.S.
THE EXAMINATION OF RECRUITS

THE WOUNDED, DISABLED, OR SOLDIERS

OF THE ARMY

AND THE
REGULATION FOR THE INSPECTION OF CONSUPTS
ON A PARTICULAR BRANCH OF

THE ARMY AND THE REGULAR ARMY

DUTY OF AN ARMY MEDICAL OFFICER

BY HENRY MARSHALL

MOST RESPECTFULLY INSCRIBED

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TO

SIR JAMES M'GRIGOR, M.D. F.R.S.

Director General of the Army Medical Department,

&c. &c. &c.

THESE HINTS,

ON A PARTICULAR BRANCH OF

THE

DUTY OF AN ARMY MEDICAL OFFICER

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MOST RESPECTFULLY INSCRIBED.

PREFACE

SIR JAMES M'GRIGOR, M.D. F.R.S.

Director General of the Army Medical Department.

The following sheets may be considered a practical
contribution on the first part of the course from

the Army Medical Department under date 1st of
June 1854, and are to be observed on the

Examination of a Recruit. If the Author has been
successful in explaining to young medical officers

the nature of the duty of examining recruits and
illustrating the rules and maxims of the service

DUTY OF AN ARMY MEDICAL OFFICER
in that respect, his design is accomplished.

The remarks on the former disabilities of soldiers
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PREFACE.

THE following sheets may be considered a practical commentary on the first part of the circular from the army medical department, under date 1st of June 1824, namely, "Rules to be observed on the Examination of a Recruit." If the Author has been successful in explaining to young medical officers the nature of the duty of examining recruits, and illustrating the rules and usages of the service in that respect, his design is accomplished.

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tempt is very imperfect, but he hopes it may be useful in calling forth interesting facts and valuable observations from others. He is anxious to impress on the minds of young medical officers the propriety and utility of devoting much patient attention to this branch of their duty. Dr. Cheyne, physician to the medical division of the general military hospital of this garrison, whose high talents and great experience are universally acknowledged, has the candour to admit, that “to distinguish between sterling and counterfeit disease is one of the most difficult duties he has to perform*.”

The Reader will perceive that it has been deemed proper in a few instances to suppress the names of individuals and the numbers of regiments.

To account for some anachronisms which occur in these pages, it is only necessary to observe, that it was at first supposed the work would have been published last December or January.

The Author has been under particular obliga-

* Letter to Dr. Renny by Dr. Cheyne, Dublin Hospital Reports, vol. iv.

tions to his friend Dr. Thomas Brown, Surgeon to the Forces, for many important suggestions. Long and varied experience, habits of close observation, and a vigorous understanding, render hints from him peculiarly valuable.

The writer embraces this opportunity to return his best thanks to Dr. Davies, Surgeon to the Honourable East India Company's depôt, Chatham, for communicating several interesting cases, and some judicious observations derived from his extensive experience in the feigned disabilities of young soldiers. An establishment like the Company's depôt requires the most assiduous attention on the part of the medical department, to prevent the practice of malingering from becoming, what Dr. Cheyne says it is in some corps, "an intolerable nuisance;" and in his endeavours to abate such a nuisance in each successive levy, Dr. Davies has been remarkably successful.

H. M.

Recruiting Depôt (Centre District), Dublin,

March 20, 1827.

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CORRIGENDA.

- Page 34, line 21 from the top, *for* Mathews, *read* Matthews.
48, 19 *for* Kuckoff, *read* Kirckhoff.
65, 25 *omit*, at the recommendation of a
medical board held at Fort Pitt.
93, 13 *for* frequently, *read* frequent.
117, 20 *for* managment, *read* management.
149, 16 *for* an hotel, *read* a hotel.
207, Note, *for* both testicles had not descended, *read* neither
of the testicles had descended.

HINTS

TO

YOUNG MEDICAL OFFICERS OF THE ARMY.

OFFICIAL DOCUMENTS.

No. I.

(Circular.)

Horse Guards, 24th August, 1815.

The Commander in Chief, having adverted to the numerous instances which have recently occurred of the rejection of recruits on final inspection, has commanded me to call your attention, and that of the surgeon of the district, to this important circumstance, as it has occasioned not only a very serious and unnecessary expense to the public, but has been attended with infinite trouble and inconvenience to the service. His Royal Highness has directed me to intimate to you at the same time, that I am to enjoin a strict attention to the instructions under which you are acting, being the best means of avoiding the evil above referred to; that in the present state of affairs it is not desirable that any man should be received, who is not perfectly eligible for the service, and that men with respect to the soundness of whose health or constitution there is any doubt should not be enlisted, as it is not to be ex-

pected that men of this description can be equal to the fatigue and exertion inseparable from a soldier's life.

You will be pleased to apprise the officers superintending subdivisions of the communication now made to you, and inform them, that the Commander in Chief expects they will conform to the instructions therein contained.

I have, &c.

(Signed) R. DARLING, D. A. G.

The Inspecting Field Officer,
— District.

P. S. It may be naturally expected, that in consequence of the discharge of a large portion of seamen from his Majesty's fleet, many persons of that description will offer themselves to the parties as recruits; and I am accordingly directed by the Commander in Chief, that immediate cautionary orders may be given to the subdivisional officers on this head, and that you will not fail in every instance to reject recruits of the above class, who may be brought for your immediate inspection.

No. II.

(Circular, No. 354.)

War Office, 29th April, 1817.

SIR;

It having been found that in many cases recruits for the regular army, who have been passed by military medical officers, have, when brought for final inspection to the head quarters of the recruiting district in which the men enlisted, been rejected by the district surgeons as unfit for his Majesty's service, on account of disabilities, the existence of which it was the duty of the medical officer who first examined the recruit to have ascer-

tained — I am to apprise you, that his Royal Highness the Prince Regent has been pleased, in the name and on behalf of his Majesty, to direct, that in all such cases the expense, which may have been incurred on account of the recruits, shall be charged against the medical officer by whom they were passed in the first instance; and you will make the necessary communication to the surgeon and assistant surgeon of the regiment under your command accordingly.

I have, &c.

(Signed) PALMERSTON.

Officer commanding — Regiment.

No. III.

RECRUITING DEPARTMENT.

(Circular Memorandum.)

Horse Guards, February 1818.

With the view of guarding against the admission of exceptionable characters into the service, the Commander in Chief is pleased to prohibit the enlistment as a recruit of any man who shall be found to bear the mark of having undergone corporal punishment.

(Signed) R. DARLING, D. A. G.

No. IV.

RECRUITING DEPARTMENT.

Horse Guards, 30th January, 1820.

MY DEAR LORD;

It is necessary that I should apprise you that many of the recruits, who are sent from Ireland

for foreign service, are, upon ultimate inspection in this country, found to have old sores upon their legs. Your lordship will readily perceive how important it is that the staff officers, charged with the inspection of recruits, should take every possible precaution to prevent the admission into the service at this time of any man who may be likely to become useless in the course of a few years, either from the breaking out of old sores, or the recurrence of any latent constitutional complaint. It is indeed so essential that the medical officers in particular should observe the utmost circumspection in the discharge of this duty, that I must request your lordship will obtain Sir George Beckwith's authority to convey fresh injunctions to them, either in the shape of a general order or a circular letter, whichever may be most approved by him.

It is by no means meant, to aim any general imputation of negligence at those officers, but to freshen their vigilance, a measure, which may be occasionally useful even when positive blame is not laid, and which I mean to take the present opportunity of resorting to likewise, with reference to recruiting districts of this country.

I have, &c.

(Signed) HARRY CALVERT, A. G.

Major General Lord Aylmer,
Adjutant General to the Forces in Ireland.

No. V.

Army Medical Department,
24th August, 1821.

SIR ;

In reference to various complaints that have been made relative to the rejection of recruits at their final examinations, I have deemed it advisable to draw up a few precise rules for the better guidance of medical offi-

cers in this part of their duty. It will be seen that these directions go to many particulars, which, under circumstances where a great military force was required, it might not perhaps be expedient to view as positive causes of disability; but in the present state of the military establishment of the country it may be supposed, that even with the closest adherence to these rules, a sufficient supply of recruits may be obtained. I beg leave to submit the same for the consideration of his Royal Highness the Commander in Chief, and to state, that, if approved of by his Royal Highness, it may be highly useful to have them circulated among all military officers employed on the recruiting service, that they may be aware of the nature of the examination, which the recruit is to undergo.

I have, &c.

(Signed) J. M'GRIGOR, D.G.

To the Adjutant General.

Rules to be observed by Medical Officers in the Examination of Recruits.

1. No recruit to be deemed fit for service labouring under any acute or chronic disease, for which medical treatment is required at the time of examination.
2. Labouring under old cutaneous affections of the head or body, whatever their specific character may be.
3. Defect of eyesight, or morbid affections of the eyelids, including specks on cornea, in whatever situation, as showing former disease; immobility, or irregularity of iris; morbid adhesions thereof; opacities of the lens; fistula lachrymalis.
4. Deafness, or purulent discharge from the ear. Stammering, or defect of speech, which may render him unable to do the duty of a sentinel.
5. Deficiency of many teeth, and particularly if accompanied with an unsound state of the remainder.

6. Narrow, flat chest; protruded or depressed sternum; badly united fractures of the clavicle or acromion, or any other bones; general appearance of pulmonic disease, particularly if combined with a strumous habit; marks of repeated cupping or blistering.

7. Visceral disease of the abdomen, particularly if accompanied with enlargement of any particular viscus; marasmus; hernia, or preternatural enlargement of the ring.

8. Varicose state of testicles or chord; deficiency or enlargement of the testicles; fistula in perineo, or in ano; extensive hemorrhoids.

9. Morbid enlargement of bones or joints; malformation or loss of toes or fingers; flat feet; nodes; contraction or stiffness of joints.

10. Varicose veins of legs; old cicatrices adherent to the bone, or which may be likely to break out afresh on long continued exertion.

11. Marks of punishment.

12. Glandular swellings of groin or neck, or general appearance of defect of health.

Note.—Whenever a recruit does not bear the mark of having had the small-pox or cow-pox, it is the duty of the examining surgeon to vaccinate him at the first opportunity.

J. M'GRIGOR.

No. VI.

Circular Letter addressed by the Adjutant General to the Inspecting Field Officers of Recruiting Districts.

Horse Guards, 27th August, 1821.

It appearing that many objectionable recruits have been passed (particularly in late instances), I am to express to you the Commander in Chief's desire, that the

very utmost circumspection may henceforth be observed in the inspection of such recruits as shall be enlisted in the district of which you have charge ; and that none may be received, under the present reduced circumstances of the army, that shall not, in point of general health, shape, and appearance, afford the surest promise of becoming an active, robust, and well-looking soldier.

His Royal Highness is aware that the orders, respecting size and apparent blemishes, have not been intentionally disregarded ; but is nevertheless persuaded, that considerable looseness has lately been prevalent, both in the surgical and in the military inspections ; and that, although the above specified points may have been so far attended to as to avoid an absolute infringement of the existing regulations, subordinate but very essential points have been but too frequently overlooked.

It cannot but be obvious to you, that in the future conduct of these inspections, much must necessarily be left to your judgment and discretion, as well as to those of the district surgeon : and that by great care, and the due application of that judgment, you will be able effectually to meet his Royal Highness's views, without being bound by positive rules, which could scarcely be framed so as to meet the objects to which your future attention is now so earnestly directed.

I have, &c.

H. TORRENS,

Adjutant General.

No. VII.

Circular Letter addressed by the Deputy Adjutant General to the Inspecting Field Officers of Recruiting Districts.

Horse Guards, 31st August, 1821.

Referring to the adjutant general's circular letter of the 27th instant, I have now the honour to annex, by the Commander in Chief's command, a code of additional rules, which the director general of hospitals has suggested, for the further guidance of the military and medical officers charged with the inspection of recruits; and to express his Royal Highness's desire, that you will cause the same to be strictly adhered to throughout the recruiting district under your orders.

I have, &c.

JOHN MACDONALD,

Deputy Adjutant General.

Memorandum for the guidance of Medical Officers, and others who are called upon to examine Recruits for the Army, and for the service of the Honourable East India Company.

The heavy expenses incurred by the Government, from the frequent rejection of recruits intermediately approved, as well as from the introduction to the army of improper and ineligible men, have rendered it necessary to give, in addition to the instructions relative to the passing of recruits, at page 8 of the regulations for regimental hospitals, the preceding more precise rules for conducting this important part of a medical officer's duty.

No. VIII.

RECRUITING DEPARTMENT.

(Circular.)

Horse Guards, 3d September, 1821.

SIR;

By the Commander in Chief's desire I have the honour herewith to transmit for your information and guidance, copies of instructions which have been issued through this department, with the view of ensuring to the service a better description of recruits under the present circumstances of the army.

I have, &c.

(Signed) J. MACDONALD, D. A. G.

The Officer commanding
— Regiment.

No. IX.

Circular Address to Medical Officers by the Director General.

The director general desires that the directions herewith transmitted, supplementary to those in page 8 of the instructions for regimental surgeons, may be most rigidly adhered to under the present circumstances of the army; and he cautions medical officers, in the execution of the duty of passing recruits for his Majesty's service, that they do not allow themselves to swerve from the fulfilment of their duty according to these regulations, by any representation

that may be made to them, either by the parties interested or from any other quarter*.

15th October, 1821.

Army Medical Department.

* The nature of the interference alluded to by the Director General's circular, will appear by the following letter from the Horse Guards.

Horse Guards, 27th January, 1807.

SIR;

Having submitted your letter of the 24th, with its enclosures, to the Commander in Chief, I am directed to signify to you, that in consequence of the report of surgeon —— of the Dublin recruiting depot, stating as follows, *viz.*

“As to James Reilly, I did absolutely reject him for having an enlarged leg, but at the interposition of Lieutenant Col. Belson, the commanding officer of the second battalion (who said he would be responsible that he would not be rejected if he went to England), I did consent to pass him under these circumstances.” His Royal Highness is pleased to command, that Lieutenant Col. Belson of the 2d batt. 28th foot, be charged with the bounty paid to James Reilly, as it cannot be admitted against the Public; to which effect you will be pleased to give the necessary directions, and to see that the amount be credited to Government in the event of its having been already charged.

I am further to state, that the Commander in Chief could not refrain from remarking the extreme impropriety of the surgeon permitting himself to be influenced in a point of duty by the advice of a person, who could not be considered competent to give an opinion on a professional case; and you will be pleased to signify to Mr. —— his Royal Highness's expectation, that he will not suffer a like irregularity to occur on a future occasion.

I have, &c.

(Signed) W WYNYARD, D. A. G.

To the Inspector General,

&c. &c. &c.

No. X.

(Circular, P. No. 462.)

War Office, 11th March, 1822.

SIR ;

Referring to the circular No. 354, dated 29th of April 1817, I have the honour to acquaint you, that his Majesty has been graciously pleased to direct, that the regulations therein laid down, under which the surgeon passing in the first instance a recruit, who may be subsequently rejected, is held liable to defray the expenses incurred for each recruit, shall, from the 25th instant inclusive, be rescinded.

I have, &c.

(Signed) PALMERSTON.

Officer commanding
 ——— Regiment.

No. XI.

RECRUITING DEPARTMENT.

(General Order.)

Horse Guards, 1st October, 1823.

Strong and general complaints have been made of the weakness and inefficiency of the class of recruits usually enlisted under the denomination of *growing lads*, and the Commander in Chief desires that the most pointed attention may be given to the inspection of recruits of this class by the inspecting field officers and surgeons concerned. Nothing in point of force can be added to the repeated orders already issued on this subject, and particularly to those contained in the circular of the 27th August 1821. But his Royal Highness will not fail to

notice in the strongest and most effectual manner any inattention or disregard to the instructions therein contained, with respect to *shape, activity, and stamina.*

By command of his Royal Highness

the Commander in Chief,

(Signed) H. TORRENS,

Adjt. General.

No. XII.

RECRUITING DEPARTMENT.

(Circular.)

Horse Guards, 1st October, 1823.

SIR ;

As nothing can be more precise, clear, or decided, than the orders which have already from time to time been issued respecting the inspection of recruits, I have received the Commander in Chief's commands upon this occasion, simply to convey to you his expectation, that the orders hereafter will be most punctually observed, and to express to you his Royal Highness's determination to enforce them to the most scrupulous observance ; and I am especially commanded to assure you, that whenever, in any future instance, a doubt shall arise as to the perfect competence and eligibility of a recruit, his Royal Highness will invariably cause the expenses attending the enlistment of such a subject to be charged against the inspecting field officer or surgeon, as the case may point out, and without any reference whatever to standard or stature, but judging exclusively from the reports which may be made with respect to strength and muscular capability.

I have, &c.

(Signed) H. TORRENS, A. G.

The Inspecting Field Officer
of ——— District.

No. XIII.

ARMY MEDICAL DEPARTMENT.

(Circular.)

1st June, 1824.

SIR;

Our attention being particularly directed to the duty of district surgeons, we have thought it expedient, in reference to the returns of recruits lately called for, to draw up the following instructions for your guidance, to which we shall expect the strictest attention; and from your knowledge and experience of this important branch of the service, we look for much valuable information being in future conveyed by your returns, and the statements which shall accompany them.

Our Instructions are divided into three parts:

I. Those more immediately devoted to the examination of the recruit, supplementary to those enclosed in our circular of 15th October 1821, and to paragraph 4, page 8, of the Book of Instructions for regimental hospitals.

II. Those exhibiting the form of returns required, and registers to be kept at the recruiting stations.

III. Those that bear upon vaccination.

I. Rules to be observed on the examination of a recruit.

1. The recruit being undressed, the examining surgeon is to ascertain that there is no appearance of diseased habit, nor of deformity.

2. That there exist none of the diseases after stated, to a serious extent, nor affecting the efficiency of a recruit; *viz.* of the eye or eyelids; particularly amaurosis, imperfect pupil, immobility or irregularity of the iris, morbid action thereof, opacities of the lens, disease of the cornea, old granular lids, fistula lachrymalis.

3. No imperfection of hearing, nor discharge from the ears.
4. That the speech is not imperfect; that there is no stammering; loss of many teeth, particularly of the incisores and canini, and that the teeth are not diseased.
5. That no disease nor loss of the nasal bones exist, so as to affect respiration; no polypus, nor ozæna, &c.
6. No disease of the jaws or palate in any way affecting speech, mastication, or deglutition; fistula or disease of the salivary glands; paralytic affection of the muscles of deglutition.
7. No diseases of the skin, especially of a chronic character, particularly venereal, tinea, &c.
8. No ulcers, nor scars of old ulcers on the legs; disease of the bones or joints, as tumours, enlargements, caries, adhesion together of the skin, muscles, and periosteum of the bones.
9. No contraction of any muscle or tendon, no contraction nor stiffness of joints, no varicose veins of the legs.
10. No marks of punishment, cupping, or blistering.
11. Varicose state of testes or chords, deficiencies or enlargement of testicle, sarcocele, hydrocele, and all obstinate and incurable diseases of these parts.
12. Incontinence of urine, calculus, gravel, severe cases of stricture, or any other serious disease of the urinary or genital organs.
13. Severe hæmorrhoidal affections, fistula in perineo, in ano, genital or urinary passages.
14. Hernia, or preternatural enlargement of the ring.
15. Phthisis, asthma, hæmoptysis, or any severe disease of the chest; narrow flat chest; protruded or depressed sternum; badly-united fractures of sternum or any other bone; general appearance of pulmonic disease, particularly if combined with a strumous habit.
16. Visceral disease of the abdomen, as indicated by countenance and by examination of the abdomen, more

particularly if accompanied with a cachectic appearance, and the enlargement of any particular viscus, marasmus, atrophy, &c.

17. Glandular swellings of the groin and neck, particularly in a strumous habit, and with general appearance of defect of health.

18. Chronic rheumatism, especially sciatica, gout, scrofula.

19. The loss of any member, as a toe or finger, particularly the index of the right hand, two fingers of the same hand, or two toes; the contraction of any of them; any deformity or weakness of the hands, feet, neck, or head, impeding the motion and use of the arms in riding, walking, &c.

20. Epilepsy; any convulsive affection, general or partial.

21. Insanity, idiotcy, weakness of intellect.

With any of these diseases, the recruit to be rejected*.

II. The books required to be kept, and the returns to be transmitted to us, are,

No. 1. Register for Recruits, in which you will daily enter every recruit presented to you for examination.

This book to have distinct columns for,

1. Date of examination.
2. Regiment.
3. Name of recruit at full length.
4. His age.
5. Parish and country.
6. His previous occupation.
7. In a full column, your observations on his general appearance of health, with any remarks that may strike you.

* These instructions may be considered fixed. When men are much required for the service the minimum of height is lowered, and the period of life during which they may be enlisted extended, and vice versa. The supply of recruits is thereby commonly proportioned to the wants of the army, without relaxing the regulations in regard to health or efficiency. Sometimes the recruiting for a corps is totally stopped for a short time.

On every day you examine recruits, you will sign your name in the book after the last examined, and in the same manner you will put your signature to the Vaccination Register, after the last case vaccinated.

No. 2. You will likewise keep a regular Case-Book of Diseases of all of the officers, women, and children, whom you may attend, with daily remarks on the cases, and the medicines prescribed.

This Case-Book or Register you will be supplied with from this office.

No. 3. A Letter Book, to be (with the other books and copies of returns) always kept in good order for our inspection, or that of any officer we may order on the inspecting duty.

No. 4. Vaccination Register, form of which to be described hereafter.

Besides the four books to be kept, you will transmit us the following returns:—

1. The usual Monthly Return of sick, officers, women, and children.

In this return you are to state the number of recruits passed, with the number of women and children who have accompanied them, and the number of these you have vaccinated, stating whether satisfactorily or otherwise.

2. The Annual Sick-Return and Statement, made up to 20th December, after the form of return sent to you (to be regularly entered in the Historical Register), in which, besides the usual detailed information regarding the diseases of the officers, men, women, and children, who have been under your care for the twelve months, we expect much valuable information on the total number of recruits examined by you in the period, and that you will dwell at some length on the very important subjects of vaccination and small-pox, on which diseases we refer you to the valuable works of Professor Thomson, Mr. Moore, and Mr. Cross.

3. Annual Returns to 24th December, of recruits examined by you. Vide accompanying form.

III. Vaccination.

You must be most pointedly particular in this very important part of your duty. Much of the security of vaccination, and exemption of the army from the ravages of small-pox, depend on the medical officers who examine the men recruited into the army, they being as it were sentinels, stationed at a most important pass to examine every entrant into the service.

You are expected to be minute in an extraordinary degree in your examination, as to whether the man has passed through the vaccine or variolous disease in the most satisfactory manner.

We regret to see a laxity in the examinations as to variola and vaccina, and a less correct and satisfactory mode of vaccinating than prevailed soon after the introduction of this process; and we are obliged now to refer to instances of severe punishment for neglect of this duty which took place some years ago, and which will be again had recourse to, should any instance of neglect occur in future.

1. Every district surgeon, and every medical officer, who is so stationed as to be in the way of examining recruits, is expected to be at all times provided with vaccine matter in the most perfect state. If a medical officer has not this from subjects immediately under his care, or from those under the care of practitioners in civil life, he can have it at all times from the Royal Vaccine Institution, by timely application through this department.

2. You will make the most minute examination of a recruit, as to whether he has had small-pox or cow-pox; and you are not always to satisfy yourself with the mark which may be discerned in the arms, or from the detail given by a recruit, but whenever you have the least doubt on

the subject, you will not fail to correspond with the practitioner by whom he states that he has been vaccinated, conveying your letters through this board.

3. Whenever you feel doubts or scruples as to any case you may have yourself vaccinated, you must always communicate with the medical officer of the regiment or depôt to which the man, woman, or child, may have been sent.

4. In your Monthly Return to this office, you are to state the number of recruits passed, with the number of women and children who have accompanied them, and the number of these you have vaccinated, stating whether satisfactorily or otherwise. Vide form annexed.

5. As complaints have reached us, that small-pox has most usually been conveyed to corps by the women and children who have accompanied them; whenever they depart without their having had small-pox or being vaccinated to your satisfaction, you will send a report with them to their regiment or depôt.

You will state these in a note to your Monthly Reports to us, as well as the cases of recruits in the same state.

6. Having ordered that all cases of small pox occurring in any corps, in men, women, or children, be reported to us; if in any case the occurrence of this disease shall be traced to neglect of vaccination by the district or other surgeon who first examined, we will not fail to report such instances to his Royal Highness the Commander in Chief, and we have no doubt this report will draw upon the offender the marks of the highest displeasure of his Royal Highness.

7. Correct and regular Vaccination Register Books are to be kept by you; these should in columns give,

1. The date of vaccination.
2. The name of recruit at length.
3. His parish and country.
4. His age.
5. How many punctures, and in which arm.

6. How many times vaccinated.
7. Time of appearance of the pustules, their number and shape.
8. Result of vaccination.
9. Destination of the persons vaccinated, and the time they left you.

Due attention being paid to these Instructions, we shall look in future for few, if any, cases of small-pox in the army, and for fewer complaints of unfit recruits being admitted into its ranks.

1. When you are in possession of information of a recruit, relative to his liability to particular disease, or attempts at malingering, you will communicate it to the surgeon of his regiment, or of the depôt he is sent to.

2. Whenever ordered to quit the district or station, you will make up the Annual Report to the 24th of the month preceding, and transmit the same to us, with an invoice of all books, letters, and official papers (giving the dates of each), delivered to your successor.

3. In like manner, when you join a district, you will send up similar returns of all books, papers, and records (with their respective dates), which you have found, or that have been delivered to you.

4. At the same time that you are most scrupulous to pass no recruit into the service, who from any defect is unfit for it; you will, on the other hand, be particularly careful that the service does not suffer from your being imposed upon by simulated diseases and defects. In the execution of this part of your duty, there is scope for the experience you have acquired of the habits and manners of soldiers, and of their tricks.

We have the honour to be, Sir,

Your most obedient Servants,

J. M'GRIGOR.

W. FRANKLIN.

RETURN OF RECRUITS INSPECTED AT —

From December 25, 1823, to December 24, 1824.

Considered fit for Service	_____
Ditto unfit	_____
Total Inspected	_____

CAUSES OF REJECTION.	No.
Insanity	
Idiotcy	
Epilepsy	
Impediments of Speech	
Stammering	
Loss of Teeth, and extensive Disease of them	
Disease of the Eye (Opaque Cornea, Amaurosis, Closed Pupil, &c. to be specified)	
Morbid Affection of the Eyelids (Ditto)	
Hare-lip	
Deafness	
Morbid Affection of the Ears	
Malformation of the Chest (depressed or protruded, to be stated)	
Ditto of the Spine (Ditto)	
Fractures (Ditto)	
Dislocations (Ditto)	
Tumours (Ditto)	
Malformation of either Extremity	
Tinea Capitis	
Diseases of the Skin (to be specified)	
Phthisis Pulmonalis	
Asthma	
Carried forward	_____

	No.
Brought forward	
Other Diseases of the Lungs (to be specified)	
Diseases of the Class Neuroses (Cullen's Class: to be specified).....	
Disease of the Heart.....	
Diseased Abdominal Viscera	
Scrofula	
Syphilis Consecutiva.....	
Locales (Cullen's Class: to be specified)	
Cicatrices of Ulcers	
Inguinal Hernia, or disposition to, both sides	
Ditto, ditto..... right side	
Ditto, ditto..... left side	
Ventral Hernia	
Enlargement of both Rings.....	
Ditto of right ditto	
Ditto of left ditto	
Diseased right Testicle	
Ditto left ditto	
Disease of the Bladder	
Stricture of the Urethra	
Varicose Veins of either Leg, Ham, or Thighs, throughout the Vena Saphena, on both sides	
Ditto, right leg	
Ditto, left leg	
Varicose Veins of the Spermatic Processes of both sides...	
Ditto..... of right side ...	
Ditto..... of left side ...	
Diseased Bones (to be specified).....	
Total	

A

**STATEMENT OF THE COUNTRIES
AND PREVIOUS OCCUPATIONS OF THE RECRUITS
PASSED IN 1824.**

Previous Occupation.	Passed.						Rejected.						General Total.
	English.	Irish.	Scots.	Welch.	Foreigners.	Total.	English.	Irish.	Scots.	Welch.	Foreigners.	Total.	
Husbandmen	30	40	20	5	5	100							
Tailors	20	30	10	10	5	75							
Shoemakers													
Weavers													
Miners													
Painters and Glaziers													
Tinmen													
Clergymen													
Surgeons													
Clerks													
Musicians													
&c. &c. &c.													
Total	50	70	30	15	10	175							450

I certify, that of the above 175 Recruits, I carefully ascertained that 15 had had Small Pox, that 100 of them had been satisfactorily vaccinated, and that I have vaccinated the remaining 60. Of this number I am satisfied with the vaccination of 30; but after — times repeating the process on the others, I do not feel satisfied, and have accordingly sent such statement to the surgeons of their corps, with extracts of their cases from my Vaccination Register.

Of 100 women and 50 children, who accompanied the approved Recruits, I have satisfactorily vaccinated 80 women and 40 children; and I have sent the extracts from my Vaccination Register, of the 20 women and 10 children, to the corps they went to.

A. B. District Surgeon.

No. XIV.

RECRUITING DEPARTMENT.

(Circular.)

Horse Guards, 14th August, 1824.

SIR ;

It appearing by reports which have been made to the Commander in Chief, that of the recruits, which are raised more especially for foreign service, the majority are of an ineligible description, notwithstanding the minute and positive instructions, which have from time to time been issued for the guidance of those, who are charged with the recruiting inspections,—the Commander in Chief is at length obliged to declare, that his Royal Highness will consider it to be his duty to recommend the immediate removal of the staff of any district, which, after the present warning, shall be reported to have produced objectionable recruits, as well as to fix upon the culpable officer, in every practicable case, the expense attending the enlistment of a subsequently rejected recruit; his Royal Highness finds, that however the instructions as to stature may be kept sight of by the inspectorial authorities, those relating to the general appearance of the recruit are overlooked. His Royal Highness, therefore, applies this caution more particularly to points connected with the constitutional appearance, mould of chest, size of bone, and likelihood of growth of the recruit.

I have, &c.

(Signed) H. TORRENS, A. G.

The Inspecting Field Officer,
— District.

No. XV.

RECRUITING DEPARTMENT.

Adjutant General's Office,
Dublin, 15th February, 1825.

SIR;

I have it in command from Lieut. Gen. Lord Combermere to signify to you, that in consequence of the difficulty which is found in raising the particular description of men required for the service of the royal staff corps,—the Commander in Chief considers it necessary to direct that some relaxation shall take place in the surgical inspection of recruits for this regiment; and that in cases, where the officer recruiting for the staff corps may think advisable to press for the enlistment of good mechanics or artificers, although they may be subject to some of the minor objections, which apply to the line, and are specified in the medical instructions, the inspecting surgeon shall nevertheless be authorized to pass such men, and be absolved from the responsibility on this account, if their defects are not such as will interfere with the performance of the duties required of them in the corps for which they have enlisted.

I have, &c.

(Signed) J. GARDINER, D. A. G.

Lt. Col. Hart, I. F. O.

Centre District.

No. XVI.

RECRUITING DEPARTMENT.

Adjutant General's Office,
Dublin, 9th May, 1825.

SIR;

I have the command of the major general commanding, to transmit to you the accompanying copy of

a letter dated 30th ultimo, which has been received from the adjutant general of the forces, conveying the expression of the Commander in Chief's surprise at the great proportion of recruits rejected in the different recruiting districts in this establishment during the period mentioned.

You will be pleased to explain minutely to the surgeon of the district under your superintendence, the view and expectations of his Royal Highness, therein so fully pointed out, and at the same time intimate to him, for his information and guidance, that a communication has been made to the director general of the medical department, desiring him to take the earliest opportunity of corresponding with the staff medical officers, and of calling upon them for any reason they may be desirous of assigning for their proceedings in the particular instance which has attracted the notice of his Royal Highness the Commander in Chief*.

I have the honour to be, Sir,

Your obedient Servant,

(Signed)

J. GARDINER, D. A. G.

Inspecting Field Officer
of the Recruiting Service, Dublin.

No. XVII.

RECRUITING DEPARTMENT.

Horse Guards, 30th April, 1825.

SIR;

From a general summing up of the number of recruits inspected in the Irish districts, from the 25th December 1823 to the 24th December 1824, the state-

* During the year 1824, the proportion of recruits rejected was 29.09 per cent.; in 1818 it was 39.5. Vide Appendix, No. IV.

ment in the margin* appears to be the result (as reported by the director general of the army medical department). The amount of the number of recruits rejected could not but strike the Commander in Chief with surprise, and his Royal Highness could not associate such results with a careful and fair inspection of recruits. Under the impression which this return was so well calculated to produce, his Royal Highness commanded me to request that you will cause it to be explained to the district surgeons, that a very different result will be hereafter expected, and that technical and trivial objections, or a fear of responsibility which is groundless, because it never could be permitted by his Royal Highness to operate in any way injuriously to the zealous discharge of duty, will not be admitted as an excuse for such sweeping rejections as have already occurred to the evident and extensive injury of the service. I am further directed to acquaint you, that the Commander in Chief's views on this point will be fully explained to the commanding officers of corps, with a view to the removal of the fear under which the first inspecting surgeons give their opinions on the case of recruits, and that his duty should be performed on a fair principle of service, the good of which alone should be considered, and liberally considered, in the inspection of recruits.

I have, &c.

(Signed) H. TORRENS, A. G.

The General Officer
Commanding, Dublin.

		Approv.	Rejec.
* Dublin District,	from Dec. 25, 1823, to Oct. 24, 1824 ...	2180	923
Cork	from August 30, to Dec. 24	141	81
Newry	Ditto Ditto	690	264

No. XVIII.

*(Circular.)*Army Medical Department,
4th July, 1825.

SIR;

In reference to the several instructions upon the subject of the examination of recruits, as noted in the margin*; and it having been lately represented that the supplemental orders and directions issued in 1821, have in some instances been so far allowed to operate on the apprehensions of examining surgeons, as to lead to the rejection of men, who might, on a general view of their cases, be considered fit for service, I request it to be understood, that the rules for observation, noted in the circular memorandum of 24th August 1821, were intended, not to supersede, but rather to elucidate the instructions printed in the book of regulations for regimental hospitals. The directions there issued are the permanent and fixed guides to surgeons in passing recruits; and it is expected that medical officers, in the performance of this highly important duty, will not allow themselves to reject men whose disqualifications are not decidedly apparent, or to receive such as are manifestly unfit for soldiers.

Attention to the spirit of the orders on this head, unfettered by trivial or questionable objections, will ensure the results expected by the Commander in Chief from the exertions of the several classes of officers, who are employed on the service of recruiting, and merit a continuance of the good opinion his Royal Highness is pleased to entertain and to express of the medical staff.

I have the honour to be, Sir,

Your most obedient humble Servant,

J. M'GRIGOR, D. G.

To ——— Surgeon.

* August 24, 1821; June 1, 1824.

*Extract from the Book of Regulations referred to in
the foregoing Letter.*

“ It is the duty of the regimental surgeon to inspect and examine recruits before final approval: he is to be careful not to certify to any man’s fitness for service, whose state of health he has not minutely investigated. The recruit at his examination is to be stript of all his clothes, in order that it may be ascertained that he has no mark of punishment, no rupture, or scrofulous affection of the glands, that he has the perfect use of his eyes and ears, the free motion of every joint and limb, that he has no sore leg, nor mark of an old ulcer with adhesion of the skin to the bone, varicose veins, nor diseased enlargement of bones or joints; he must be neither consumptive, nor, so far as can be ascertained, subject to fits: with any of these defects, the man is to be reported unfit for service.”

No. XIX.

RECRUITING DEPARTMENT.

(Circular.)

Horse Guards, 19th August, 1825.

SIR;

The large proportion of recruits rejected on surgical examination during the last year having attracted the Commander in Chief’s particular notice, his Royal Highness was led to inquire into the causes to which the result might be attributed; and there is reason to believe, that many desirable recruits have been refused by the first inspecting or district surgeons for technical and trivial objections, from a fear, if passed by them, these objections, however slight, would afterwards be laid hold of by the regimental

surgeons as reasons for rejecting the recruits on their joining the corps. The Commander in Chief has in consequence directed a communication to be made to the several districts, calling upon the surgeons to execute their duty of inspection fearlessly and to the best of their unbiassed judgment; and his Royal Highness desires, that you will intimate to the medical officers under your orders his expectation, that the examination of recruits shall henceforth be conducted on a fair principle of service, and with due consideration for the opinion of the first approving surgeon, who cannot be supposed to be actuated by any other than correct motives in passing recruits.

* * * * *

I have, &c.

(Signed) J. MACDONALD, D. A. G.

To the Commanding Officer
of — Regiment.

REGULATIONS

FOR PASSING

CONSCRIPTS FOR THE FRENCH ARMY.

“ I would strongly recommend a perusal of the regulations for examining conscripts, incorporated in the Code de la Conscription, to all medical officers.”—Principles of Military Surgery, by Dr. Hennen, second edition, page 450.

That the purport of these regulations may be the better understood, I have prefixed a brief abstract of the Code de la Conscription.

[Until the period of the revolution the French army was chiefly recruited by voluntary levies, but after that event, compulsory means of supplying the men required by Government were universally adopted. The first compulsory enrolment took place during the month of March 1793, by a requisition of 200,000 men; but by a subsequent decree of the 21st of August in the same year, a more gigantic mode of recruiting was resorted to. Every man in France able to bear arms was placed at the orders of the State, and being divided into classes, the youngest, to the amount of five hundred thousand, afterwards augmented to a million, was commanded to march for immediate action. The rest of society was so disposed of as might best second the efforts of the actual combatants. The married men were to prepare arms and forward convoys,

the women to make uniforms, the children to scrape lint, and the old men to preach republicanism. No excuse was sustained for want of personal compliance with the requisition for personal service, no delay permitted, no substitution allowed, actual and literal compliance was demanded from every one, and of what rank soever. Conscripts who failed to appear, resisted, or fled, were subjected to the penalties which attached to emigration.

The army continued to be recruited by requisition till 1798, when the first conscription was decreed. At the revolution, France was divided into one hundred and twenty-two departments, the departments divided into districts or arrondissements, from three to five in number. The arrondissements into cantons, and the cantons into municipalities amounting to about fifty-five thousand. Each department is governed by a prefect, who has a counsel to assist him. This court or board has under its jurisdiction the authorities appointed to administer the affairs of each subdivision. These several authorities were charged with a heavy responsibility in carrying into effect the law regarding military levies. The number of conscripts for the year was determined by a law of the senate, and the same law regulated the contingent of each department, according to the amount of its population. These lists contained the names of the whole youth of the kingdom, from the age of twenty to twenty-five, divided into five classes; the first contained those who were aged twenty years complete before the commencement of the year relative to which the conscription was demanded, and the same rules applied to the other classes. In practice, however, the second class of conscripts was not called out until the first was actually in the service; nor was it usual to demand more than the first class in any one year. Persons liable to the conscription laws were also bound to enrol

themselves at the office of the municipality. Both lists were transmitted to the minister of war.

The conscripts of each canton were next assembled and inspected by the administration. Such as pleaded infirmities, were examined on the spot by health officers. Tickets regularly numbered, to the amount of the names on the list, were publicly deposited in an urn, and indiscriminately drawn out by the conscripts or their friends. The lot falls upon those who draw the numbers below the amount of the quota. These were the conscripts of the active service. An equal number was formed into a body which was termed the conscription of the reserve. A third body was created of supplemental conscripts, equal in number to one-fourth of the whole contingent, and destined to fill up vacancies which might be occasioned by death, desertion, &c.

The conscript law admitted of very few exceptions. Public schools, as well as the universities of theology, law, and physic, were all forced to surrender up their pupils. Proxies were not received as a matter of right, although they were sometimes allowed. The serving of substitutes was discouraged by Government. Few individuals were able to procure substitutes, more than 200*l.* being frequently given for a proxy. In 1812, the price of a substitute had risen as high as five hundred louis. The principal provided a sum of about 5*l.* for the equipment of his substitute, who must possess a robust constitution, have a good character, and be between the age of twenty-five and forty, and consequently beyond the reach of the conscription laws. The substitute assumed the surname of his principal, in order that the latter might be known and compelled to march, should his proxy desert or be lost from any other cause than death or wounds received in battle within the term of two years.

Parents, public functionaries, or others, who contributed to defeat or retard the operation of the conscript law, were liable to heavy penalties. "The brand, the pillory, or the galleys awaited a magistrate, who was found to have favoured any individuals on whom the law of conscription had claims."

Conscripts convicted in feigning disabilities were sentenced to hard labour for five years. Absentees or refractory conscripts underwent corporeal punishment, and were each amerced in the sum of about 120*l.* This sum, together with the expenses incurred in his apprehension, was levied upon the property of the father or mother, when the fugitive possessed none of his own. Conscripts absenting themselves were liable to the same penalties as deserters; namely, 1st. Death. 2d. The punishment of the ball. This penalty consists in the attachment of an iron ball, of about eight pounds weight, by a chain of seven feet in length, to the leg of the culprit. He was clothed in a dress of infamy, and condemned to hard labour during ten hours daily, and in the interval of rest to be chained in solitary confinement. The duration of this punishment was commonly ten years. 3d. Public or hard labour for a term of three years. A fine of about 150*l.* was inseparable from all cases of desertion.

To secure the fidelity of the executive officers, a host of informers was employed. The utmost rigour was exerted, and publicity given to the infliction of penalties, in order that the quickening impulse of fear might have an influence on the general mass. Frequently the regular levies were anticipated by law, so that boys unable to bear the accoutrements of a soldier were obliged to join the army. Every new conscription spread consternation through all the families of the empire. When the conscription law was first framed, it was thought the strength of the army

would be kept up by adding one-fifth annually, but it often required a third, and sometimes a half. Such a proportion of recruits for an army, amounting to from seven to eight hundred thousand, was much felt even in so populous a country as France. To evade the operation of this rigorous law, the public functionaries were sometimes bribed, and disabilities feigned under the direction of medical men, who received large rewards for their services. As an instance, a surgeon's apprentice was accused of having blown into the eyes of a number of conscripts a powder, calculated to excite inflammation; for this service he received from each somewhat more than 200*l*. These facts will sufficiently account for the rigorous inspection of those conscripts who claimed an exemption from joining the army in consequence of defects or infirmities.

On the restoration of the King an attempt was made, but in vain, to fill up the ranks of the army by voluntary enlistment. The conscription is therefore continued, although it must be confessed it is no longer the terrible warrant of death that formerly bore that name. The period of service is now limited to five years. Mr. Mathews, in his "Diary of an Invalid in the years 1817, 1818, and 1819," gives an interesting account of the drawing for the conscription at Montpellier. — "The drawing (he says) was an amusing scene, and truly French. The people assemble in a sort of amphitheatre: the prefect presides: the names of all those of the prescribed age are called over, and every person, of whatever rank, high or low, answers to his name and draws his lot. If he is absent, the prefect draws it for him. When any one drew a number above the complement required, thereby ensuring his own exemption, his antics of joy were in the highest degree comic; and when the number was within the complement, the exultations of the spectators, whose prospects were thereby bettered, were ex-

pressed with the loudest applause, without any consideration for the feelings of the drawer. The present assessment is light enough, as may be collected from the price of a substitute, who may now be procured for five hundred francs (20*l.*), whereas in Napoleon's time the price has been as high as fourteen thousand francs (560*l.*)*."

The following regulations, or tables of disease, were prepared by a council of health during the reign of the

* Edinburgh Review, vol. xiii; Life of Napoleon Bonaparte, by the author of Waverley; Tale of the Conscript's Wife, Third Series of High Ways and Bye Ways; Narrative of a Forced Journey through Spain and France, in the years 1810 to 1814, by Major General Lord Blaney.

The Jews, the Greeks, the Romans, and a number if not all of the Oriental nations, filled up the ranks of their armies by conscription. The armies on the continent of Europe are still levied in a great measure by this means. Conscription is practised in our own country under the name of ballot for enrolling the militia. The Roman republic made every man available for military service, until he reached the age of 46. I am not aware that any thing is known respecting the infirmities which entitled a man to be exempted from military duty in ancient times, or who decided upon the claims of individuals that professed themselves unable to sustain the fatigues of war. According to the Mosaic law, several moral causes were admitted as rights or privileges for exemption from military service (Deut. xx, 5—8; Judges vii, 3; Deut. xxiv, 5), but no mention is made of disqualifying physical defects. "The law of the state of New York directs, that the age and *ability* to bear arms of every enrolled person shall be determined by the commandant of the company, with the right of appeal to the commanding officer of the regiment; and adds, *that the certificate of a surgeon or surgeon's mate shall not be conclusive evidence of the inability of any person to bear arms.*" It would appear that a captain may avail himself of the opinion of the medical officer with regard to an individual who pleads bad health, or bodily infirmity; but that the final decision must depend upon his sovereign will and pleasure.—*Beck's Medical Jurisprudence.*

Directory, and incorporated into the Code de la Conscription by Bonaparte: they are still in force.

“ Every conscript, who pleads bad health or bodily inability, must appeal in the first instance to his municipal administration, and he is not entitled to present himself for this purpose, unless he bring a certificate from a health officer, that he is really affected with a disease which appears to him to authorize an application. He is then to be examined by a health officer, in presence of the administration, if he be capable of attending, or in presence of a delegate from it, if he be totally unable to attend in person. Before any dispensation be granted, the commissioner of the executive directory must be heard, and he may, if any doubts be entertained, require a counter-examination. When the municipal administration consider any appeal to be without foundation, the conscript is obliged to join the army without delay. When they consider themselves incompetent to decide upon the appeal, the conscript is allowed to present himself immediately before the central administration for their decision; and the municipal administration can only grant definite dispensations in cases of palpable and notorious infirmities. They may allow provisional dispensations, not exceeding three months, when acute diseases or accidents prevent the conscript from presenting himself.

“ All the decisions of the municipal must be sent to the central administration, for their approbation or rejection. When the central administration refuses to certify the dispensation granted by the municipal administration, the petitioner is obliged to present himself immediately for examination.

“ When the central administration confirms a definitive dispensation of the municipal administration, the commissioner of the directory transmits it to the minister of war, who sends to the conscript a dispensation, or annuls the

dispensation, according to principles to be mentioned. While waiting for the decision of the minister of war, the conscript remains at home.

“ When the central administration confirms a provisional dispensation, the commissioner of the directory attached to it notifies it to the commissioner attached to the municipal administration, who is charged with the duty of obliging the conscript to join the army after his dispensation has expired, allowing him, however, according to the forms prescribed by law, to show just reason for soliciting a definitive dispensation, or a renewal of his provisional dispensation.

“ Every application for a dispensation, definitive or provisional, for diseases not obvious, or diseases which do not prevent the appellant from attending at the capital of the department in person, must be judged by the central administration. Should the central administration decide against his application, the conscript has no appeal; but if it be decided in his favour, the commissioners, or any number, may protest, and order counter-visits; and, lastly, the minister at war may annul every dispensation.

“ The officers of health are chosen, as much as possible, from among those paid by the state, or attached to the military service.

“ To prevent all collusion between the health officers and the appellants, the administrations are not to name the inspector until the moment of inspection; and whatever the advice of the inspector may be, still the administration is held responsible.

“ Officers of health and others, convicted of having given a false certificate of infirmities or disabilities, or of having received presents or gratifications, shall be punished by not less than one or two years imprisonment, or by fine f not less than 300 or more than 1000 francs.

“ The officers of health, in giving their opinions, are to regulate themselves by the following Tables.

“ TABLE I.

“ *Evident infirmities, implying absolute incapability of military service, and which are left to the municipal administration of the canton.*

“ 1. Total privation of sight. The accident which gave rise to this privation, or the disease which supports it, must be mentioned, and specification made of gutta serena, cataract, glaucoma, the diseases peculiar to the cornea and uvea.

“ 2. The total loss of the nose.

“ 3. Dumbness, permanent loss of voice, complete deafness. These three infirmities ought to be very notorious, and legally established: the accident or known cause giving rise to them, to be mentioned. If there be any doubt of their existence, or if they do not exist in a great degree, the decision is to be reserved for the central administration.

“ 4. Voluminous and incurable goitres, habitually impeding the respiration.

“ 5. Scrofulous ulcers (*ecrouelles*). The symptoms characterizing the disease are to be related.

“ 6. Confirmed phthisis pulmonalis, *i. e.* in the second and third degrees. Care must be taken to report the symptoms characterizing this state: as they are but too evident, they ought to procure an absolute dispensation. But for commencing phthisis, *i. e.* in the first degree, asthma, even chronic, and hæmoptysis, the municipal administration ought to grant only a provisional dispensation, if the sick person be unable to present himself before the central administration, the decision in these different cases being reserved to the latter.

“ 7. The loss of the penis, or of both testicles.

“8. The loss of an arm, leg, foot, or hand ; the incurable loss of motion of these parts. The accident or disease occasioning it is to be mentioned.

“9. The aneurism of the principal arteries.

“10. The curvature of the long bones, rickets, or nodosities, sufficient to impede evidently the motion of the limbs. Other diseases of the bones, although great and palpable, are sometimes liable to doubt, and therefore are reserved for the judgment of the central administration (see articles 12 and 23 of the second table).

“11. Lameness well marked, whatever be the cause : this must be precisely stated. The same is the case with considerable and permanent retraction of the flexor or extensor muscles of a limb, or paralysis of these, or a state of relaxation impeding the free exercise of the muscular movements.

“12. Atrophy of a limb, or decided marasmus, characterized by marks of hectic and wasting, which should be stated in the report.

“TABLE II.

“*Infirmities or diseases, which occasion absolute or relative incapability for military service, and which are reserved for the examination and opinion of the central administration of the department.*

“1. Great injuries of the skull, arising from considerable wounds ; or depression, exfoliation, or extraction of the bones. These sometimes occasion all, but commonly some of the following symptoms ; affection of the intellectual faculties, giddiness, swimming in the head, drowsiness, nervous or spasmodic symptoms, frequent pains of the head. The report shall mention the symptoms which the patient actually has (B).

“2. The loss of the right eye or its use. This defect disqualifies a man for serving in the line, but does not

prevent him from being useful in the army in other services' or in the marine.

“3. Fistula lachrymalis, chronic ophthalmia, or frequent rheums in the eyes, as well as habitual diseases of the eyelids or lachrymal passages, of such a nature as obviously to injure the powers of sight (A).

“4. Weakness of sight, permanent defects of vision, which prevent objects from being distinguished at the distance necessary for the service of the army. Short-sightedness, night blindness, confusion of vision (A).

“5. Deformity of the nose, capable of impeding respiration considerably; ozœna and every obstinate ulcer of the nasal passages or palate, caries of the bones of these parts, and incurable polypi.

“6. Stinking breath from an incurable cause, as well as fetid discharges from the ears, and habitual transpiration of the same character, when incurable. Soldiers who emit these fetid exhalations are rejected by the corps, and repulsed by their comrades.

“7. Loss of the incisor or canine teeth of the upper or under jaw, fistulæ of the maxillary sinuses, incurable deformity of either jaw by loss of substance, necrosis, or other cause, hindering the biting of the cartridge, or impeding mastication and injuring the speech. A person without canine or incisor teeth cannot be a soldier of the line, but may be employed in other services.

“8. Salivary fistulæ, and the involuntary flow of saliva when incurable.

“9. Difficulty of deglutition, arising from paralysis or some other permanent injury, or incurable lesion of the organs in that function.

“10. Permanent and well-established diseases of the organs of hearing, voice, or speech, considerable in degree, and capable of impeding their use considerably. These infirmities are often very doubtful, they may be simulated,

and ought not to be decided upon without taking the precautions directed in note B.

“ 11. Ulcers and tumours of a scrofulous nature. Scrofula very rarely exists without being accompanied by glandular swellings, and other symptoms indicating a scrofulous cachexy, which ought to be noticed in the certificate.

“ 12. Deformity of the chest or crookedness of the spine, sufficient to impede respiration, and to prevent the carrying of arms and military accoutrements. When these deformities of structure are not of a certain degree, they do not disqualify for the lower services of the navy, and other functions about the army.

“ 13. Phthisis in the first degree, confirmed asthma, and habitual periodical and frequent spitting of blood. Frequently the state of patients attacked with these diseases is evidently bad, and accompanied by circumstances which leave no doubt; they then admit of an absolute dispensation; sometimes they are less decided, when only a provisional judgment is to be given, and the proof of testimony and methodical treatment is to be required.

“ 14. Irreducible ruptures, or those that cannot be reduced without danger.

“ 15. Stone in the bladder, gravel, habitual incontinence or frequent retention of urine, as well as severe diseases or lesions of the urinary passages, fistulæ of these parts, whether incurable or requiring constant medical treatment. Some of these admit of doubt, such as the retention, and especially the incontinence of urine. They may be simulated, or at least artificially provoked: in these cases the decision must be regulated by the principles laid down in Note C.

“ 16. The permanent retraction of a testicle, its strangulation in the ring, sarcocele, hydrocele, varicocele, all

severe affections of the scrotum, testicles, or spermatic chords, known to be incurable.

“ 17. Ulcerated hæmorrhoids, incurable fistula in ano, periodical hæmorrhoidal flux, habitual and chronic flux of blood from the intestines, habitual incontinence of feces, habitual prolapsus ani. These different infirmities ought to be authentically established by able health officers, who have for a long time treated and observed the patient. Until the certainty and incurability of these affections be established, only a provisional dispensation can be granted.

“ 18. The total loss of the thumb or great toe, or the forefinger of the right hand, or two other fingers of one hand, or two toes of one foot, the mutilation of the last joints of one or several toes or fingers, the irremediable loss of motion of these parts. Should these infirmities and mutilations interfere, though in different degrees, with several parts of the service of the infantry, they do not always prevent the person from being useful in other services of the army, such as miners, sappers, pioneers, and pontooneers, or even that of the cavalry, if the mutilation of the toes or right hand be not considerable; lastly, in the navy. If therefore the petitioner, on account of any other mutilation than the loss of a thumb, is in other respects strong and of a robust constitution, he ought to be sent to the army. This decision will be still better founded if the mutilation be suspected to be recent and voluntary.

“ 19. Incurable deformities of the feet, hands, limbs, or other parts, that impede marching or the handling of arms, or carrying the accoutrements, or the free motion of any weapon. These deformities may give rise only to a relative invalidity; in that case it is proper to detail the physical effects which result from it, to establish in what kind of service the petitioner might nevertheless be employed.

“ 20. Large and numerous varices.

“ 21. Cancers and ulcers which are inveterate, of bad character, incurable, or whose cure it would be imprudent to attempt. These ulcers are always accompanied by other symptoms which indicate a bad habit of body; these ought to be mentioned in the report.

“ 22. Large and old cicatrices badly consolidated, especially if they have adhesions, and be accompanied by loss of substance, are covered with crusts, or attended with varices.

“ 23. Severe diseases of the bones, such as diastasis or separation, ankylosis, caries, or necrosis, spina ventosa, osseous tumours, and those of the periosteum, when considerable; they may still be compatible with some kinds of service.

“ 24. Diseases of the skin, when they are capable of communication, when they are old, hereditary, or obstinate, as tinea, acute, moist, and extensive herpes, obstinate and complicated itch, elephantiasis, lepra. In all these cases a definitive dispensation cannot be granted, until after methodical treatment by very intelligent officers of health has been long continued in vain, or unless the constitution of the patient be obviously injured; otherwise there is only grounds for a provisional dispensation, to give the petitioner time to undergo the proper treatment.

“ 25. Decided cachexy of a scorbutic, glandular, or other nature known to be incurable, and characterised by evident symptoms of long standing, which must be mentioned in the certificate; dropsies known to be incurable. These different cachexies, when carried to a great degree of degeneracy, render the patient absolutely incapable of any military service; but when they are not inveterate, or are produced and supported by a cause which may be efficaciously combated, they only entitle to a provisional dispensation.

“ 26. Debility and extreme extenuation, joined to a diminutive stature, or to a very tall stature out of the ordinary proportions. These cases are not unusual at the age of conscription, and require much judgment in deciding upon them; often they only entitle to a provisional dispensation (See Note D).

“ 27. Gout, sciatica, inveterate arthritic and rheumatic pains, impeding the motion of the limbs and trunk. These infirmities often give rise to doubts, and are to be judged of according to the principles in note E.

“ 28. Epilepsy, convulsions general or partial, convulsive motions, habitual trembling of the whole body, or of a limb, general or partial palsy, madness and imbecility. The real existence and incurability of any one of these affections are sufficient to authorize an absolute dispensation from all military service. But these cases are often equivocal, the disease may be simulated, and is to be judged of with the precautions mentioned in note B.

Council of Health,
Paris, 28 Pluviose, an VII.

“ *Notes upon the Tables of Diseases, entitling the conscripts of the French army to dispensations.*

A.

“ When an external and obvious injury prevents vision, or affects the organ of the eye, as in some of the cases cited in the first article of the first table, and in the third article of the second table, the surgeon can decide with certainty; but the feebleness of sight cannot be estimated with such precision when no external appearance indicates it. The same observation applies to myopia, or short-sightedness. Still however the distance at which a person who complains of it is able to read, the effect which is produced upon his vision by means of a glass not calculated to improve the vision of short-sighted people, may

furnish surgeons with tests for the discovery of the truth or detection of the fraud. With regard to nyctylophia, or nocturnal blindness, it is rare in youth, and often only temporary.

“ With regard to amblyopia, which consists of seeing objects at all distances confusedly during the day as well as night, we acquire from examination some certainty, when we perceive that the pupils have changed their diameter, or when they have lost somewhat of their mobility, or of their regularity. Some persons have also a convulsive vibration, which is called visio vaga. It is the duty of the surgeon examining conscripts for the army, not to pass his judgment upon these different diseases of the eye, until he has collected all the rational proofs of their existence. To acquire a greater degree of certainty, he ought still to require, that there should be brought before the commissary of the executive directory the testimony of ten individuals, not the relations of the appellant, but who know his habits in private life. Finally, though the different defects of sight, when they are considerable, may expose the soldier labouring under them to endanger the loss of a post, they do not hinder him from being useful in the other services in which he may be employed in the army.

B.

“ It is difficult to judge readily in every case, which does not present some sensible appearance of an organical lesion. To give a negative judgment would not be just, because the conscript, at the time of his visit, might not find himself in that state which he complains of. On the other hand he might feign deafness, pains, even a fit of epilepsy, without being in reality subject to any of these diseases, and an exception decided upon so equivocal a ground would be really an infraction of the law. It is

therefore necessary to watch these young people, either in a military hospital or in their private life. The testimony of the surgeons who attend them, and that of ten householders of known probity, who are not related to him, public notoriety certified by the constituted authorities, are so many means, which, added to recognised rational signs, may increase the probability almost to certainty, and found an impartial judgment. Moreover, as most of these diseases yield to time or skill, there is no need for granting an absolute or definite exemption for those recruits who are afflicted with them, before the surgeons can pronounce their opinion with perfect certainty: it is necessary that the young men should present themselves for examination at stated periods, and sometimes for several months.

C.

“Retention of urine produces well known symptoms, whose existence or absence contribute to discover the reality or the pretence of the malady, its durability or its transitory nature. With regard to incontinence of urine, it is difficult to judge whether it be natural or artificial, transient or incurable, because the redness and cracks in the skin, which urine produces, are common to the impostor and the invalid. Testimonial proof is also here insufficient; however, the physical form and constitution of the claimant taken together may give sufficient grounds for the decision; and if the young man has in other respects a healthy and vigorous look, he may be sent to the army without any inconvenience.

D.

“The last obvious circumstance which ought to procure exemption from military service is marasmus, which is to be considered as the last stage of the cachectic state. This is produced by either one or several diseases: the

emaciation may be owing to a defect of vigour and of growth; the former state scarcely allows of hope, the latter is susceptible of amelioration. It is certain, that, at the age at which young men become liable to serve, great leanness, joined with a little stature, muscles not well marked, and a shrill voice, indicate that the youth will never be a man in the strict sense of the word, or that before becoming it, and being capable of enduring the fatigues of a military life, one of those revolutions in his constitution must take place, which nothing but time, a good diet, and exercise proportioned to his strength, can bring about. If such a one by age is liable to serve, his nature still ranks him among children, justice and humanity require the adjournment of the decision respecting him, from three months to three months. When a conscript has grown very rapidly; when he is tall, lean, and slender made; when he has a long neck, arms, and legs, and when his breathing is difficult from the least exercise, such an individual is out of the question, until nature has added in strength what it has hitherto confined to stature.

E.

“When the appellant is afflicted with well-attested gout or rheumatism, which confine him to bed or to the house, and hinder him from repairing to the head quarters of the department, he ought to be considered as afflicted with an acute disease, as having a right to a provisional dispensation. With regard to these affections in their chronic state, it is seldom that the gout, which has arrived at a certain degree of obstinacy, does not leave on the affected parts either nodosities or sensible contractions. Rheumatism, and especially that which attacks young people, who however in general are much less subject to it than those more advanced in age, alters the form of the muscles and the colour of the skin. It causes a wasting of the part

affected, which may be recognised by simple inspection. But when no sensible appearances prove the existence of rheumatism, the surgeons may draw some probable inferences from knowing the conscript's profession, and the climate in which he dwelt. We know that young people in the country are more subject to these affections than those in towns, and that in some kinds of abodes they are more easily contracted. Joining all these data, combining and comparing them together, the surgeons may commonly distinguish a real affection from a feigned one. As it is but just, that in some of the equivocal cases, such as those respecting the diseases of the breast, humanity should incline to the conscript's side, so with respect to pains and rheumatism, which are not proved, it is equally proper to prefer severity to indulgence, as military exercise, far from aggravating this predisposition, if it exist, will only contribute to remove it*."

* These regulations are very closely imitated in the army of the King of the Netherlands.—Hygiene Militaire, by Kuckhoff, p. 17.

ABSTRACT OF REGULATIONS

FOR

THE MEDICAL EXAMINATION OF RECRUITS

FOR THE

PRUSSIAN ARMY.

The Prussian army is recruited by involuntary levies. Every man in Prussia, upon his reaching the age of twenty, becomes available for the service of the State as a soldier. Conscripts, whom Government provides with pay, clothing, &c. must serve for a period of three years. Young men of good families, who serve without pay, and furnish an equipment at their own expense, are discharged after one year's service. Every Prussian therefore, who has passed the period of manhood, has been a soldier, or he is furnished with a medical certificate, stating that he labours under an infirmity disabling him for military service, either permanent or temporary. After a man has served three years in the standing army, he is transferred to the militia, a branch of the military force which is called out annually for a period of fourteen days. On reaching thirty-two years of age, he is transferred to another class of militia (the landwehr), which is never embodied except in cases of emergency. The regular army consists of about 100,000 men, but including the first class of militia the entire force amounts to 800,000, and the establishment is so organized, that it can be assembled and formed into separate armies in a fortnight.

Except in the new provinces, the people seldom evince much reluctance to become soldiers, and rarely simulate infirmities, either to avoid enrolment or to obtain a discharge.

The following regulations, respecting the examination of conscripts, were issued by the chief of the medical department of the Prussian army in 1816.

“The duty of inspecting recruits, and of determining whether they are fit or unfit for the military service of the country, is one of the most difficult and responsible an army surgeon has to perform. To enable him to execute it correctly and with suitable promptitude, he would require more knowledge and experience than is generally believed; he must possess an intimate acquaintance with anatomy, physiology, and pathology. A knowledge of these sciences is essentially required to qualify him to decide upon the health and general efficiency of recruits, and to distinguish between defects that may be real from those that are only feigned.

“He must also be well acquainted with the duties of the different classes of soldiers, infantry, artillery, and cavalry, during war as well as in peace. The qualifications for performing so important a duty can be acquired only by long servitude and much experience.

“It is impossible to frame specific rules for the examination of recruits, so as to obviate every difficulty. In a great variety of cases the decision must depend on the discretion and experience of the inspecting medical officer. As a general guide, the following regulations may however be useful.

“1. When an individual is brought to a medical officer for examination, he is to satisfy himself in regard to the recruit's ability to undergo the fatigue to which a soldier on general service is exposed, his capability to carry the ordinary accoutrements, and to use effectually the arms with which he is furnished.

“2. Should a recruit be deemed ineligible for active military service, it is next to be determined whether he is fit for a garrison battalion.

“3. Great care ought to be taken to distinguish between temporary and permanent disabilities for service.

“To enable a soldier to perform his duty, and to endure the various fatigues of war, he would require to possess a sound constitution, with a considerable share of muscular capability. His senses should be perfect, more especially the sight and hearing; the teeth ought to be sound, and not many wanting.

INFANTRY.

“Recruits for this branch of the service would require to have capacious well-formed chests, with great strength. Including accoutrements, arms, and ammunition, an infantry soldier is sometimes obliged to carry from sixty to seventy pounds weight. The inferior extremities ought to be free from ulcers, or the cicatrices of ulcers; and the knees should not bend inwards, they ought to be straight and otherwise well formed. The incisor teeth ought to be sound, so as to enable him to bite the cartridge, and he should invariably be able to speak intelligibly. Recruits are not to be selected on account of their handsome appearance, but in consequence of a proper degree of strength and a sound constitution.

“The following defects disqualify a recruit for service in the infantry.

“1. Loss of an eye.

“2. Loss of the incisor teeth.

“3. Hernia.

“4. Loss of a thumb, or the index finger of the right hand.

“5. Loss of a great toe: large bunions, with overlaying or distortion of the toes.

“6. Disproportionately small feet.

“7. Flatness of the soles of the feet.

ARTILLERY.

“The preceding observations apply in an equal degree to recruits for this branch of the service as for the infantry.”

CAVALRY.

“The duties of the cavalry are in some respects less severe than those of the infantry. As the marches of a dragoon are always made on horseback, he is little exposed to profuse perspiration, or to a sudden suppression of it. Hence he is less liable to pectoral diseases, and consequently an equal degree of care is not required to reject men whose chests are contracted, or otherwise ill formed, as in the infantry. For similar reasons the following defects do not disqualify for service in the cavalry; that of being considerably in-kneed, cicatrices of ulcers on the legs, loss of a great toe, moderately deformed feet, flatness of the soles of the feet.

“A recruit for the cavalry ought to possess the power of vision perfectly, his neck should be flexible, and his arms muscular. Cuirassiers require to be strong, powerful men, and to have well-formed chests, as they bear a cuirass of from twelve to fifteen pounds weight.

GARRISON AND VETERAN BATTALIONS.

“Recruits who are unfit for the general duties of the service may sometimes be approved for these corps. The following defects, if in a moderate degree, do not disqualify men for garrison duty.

“1. Stiffness of the joints, or want of agility occasioned by long servitude.

“2. Loss of the left eye, provided the power of vision be perfect in the right.

“3. A moderate degree of impaired vision.

“4. Cicatrices of ulcers on the legs.

“5. Varices of the legs, if not in a very severe degree.

“6. Slight traces of scrofula.

“7. Want of amplitude of the chest.

“8. A slight degree of contraction of the elbow joints.

“9. Shortness of one of the lower extremities, provided the defect can be remedied by means of a high-heeled shoe.

“10. Loss of the incisor teeth, if the molares are sound.

“11. Inguinal or femoral hernia, if the intestine can be retained in its place by means of a truss.

“12. Hydrocele, if not very large.

“13. Loss of any finger except the thumb.

“Conscripts who labour under disabilities of a curable nature, or in whom a natural recovery may be expected, are to be furnished only with a temporary dispensation.

“The following infirmities totally disqualify a recruit for military service.

“1. Inveterate tinea capitis.

“2. Incurable plica polonica.

“3. Old fractures of the cranium.

“4. Amaurosis; eversion or inversion of the eyelids; opacity of the cornea.

“5. Puriform discharge from the ear, arising from diseased bone.

“6. Deafness.

“7. Loss of the right eye; near-sightedness.

“8. Caries of the bones of the nose.

“9. Loss of the palate of the mouth or uvula.

“10. Enlargement of the glands of the neck or axilla.

“11. Great curvature of the spine, or a considerable deformity of the chest.

“12. Rupture of any kind, if very large.

“13. Fistulous openings into the cavity of the chest, the abdomen, the urethra, or rectum; the latter defect is greatly aggravated if it be accompanied with large hemorrhoidal tumours.

“14. Hematuria, calculus, incontinence of urine.

“15. Defects of either the superior or inferior extremities,

such as great curvatures of the bones, elongation or shortening of a limb, trembling, lameness, disease of the bones, immobility of the joints of the fingers, tumours when very large, or when they impede motion.

“ 16. Any serious disease of a joint (white swelling).

“ 17. Extensive incurable ulcers of the legs, large varices of the legs and feet, great malformation of the inferior extremities.

“ 18. Epilepsy, insanity, melancholy, frequent hæmoptysis, asthma, gout.

“ It is the duty of a surgeon, on examining recruits, not to pass his judgment upon the last class of diseases until he has satisfied himself by rational proofs of their existence.

“ 19. Consumption, aneurism, any serious impediment to the motion of the larger joints; chronic cutaneous eruptions.

“ When a conscript is considered unfit for military service, the certificate of his disability must detail minutely the nature of his infirmity, as also whether the exemption from the army be definitive or only temporary.

“ No recruit is to be inspected until the surgeon is furnished with instructions for that purpose. The medical officer is invariably to inspect recruits stripped of their clothes.

(Signed) GOERCKE,

Physician General and chief of the
military medical department of
the Royal Prussian Army.”

“ Berlin, 16th August, 1817.”

The French and Prussian regulations are calculated to obviate the *simulation* of defects, while our rules are chiefly intended to prevent fraud by the *dissimulation* of infirmities.

RECRUITING

OF

THE BRITISH ARMY.

The strength of the British army is kept up by volunteers, who enlist either with parties under the immediate control of the commanding officer of the regiment in which a man engages, or with recruiting parties acting under the direction of the inspecting field officer of a recruiting district and sub-divisional officers. Recruits of the former class are inspected by the surgeon or medical officer in charge of the regiment or depôt of the corps to which the man belongs. His decision, in regard to the eligibility or ineligibility of a recruit, is conclusive. On the other hand, whatever recruits enlist in the country with parties under the direction of the recruiting staff, are examined at the place where they engage by a person of the medical profession, and subsequently by the district staff surgeon, when they arrive at the head quarters of the district. Recruits who enlist at the head quarters of a district are examined by the staff surgeon, and his decision is conclusive, in as far as regards those whom he rejects. No recruit is finally approved, until he be examined and reported eligible by the medical officer in charge of the regiment or the depôt of the corps in which he has enlisted. Should a recruit who is approved in the country be deemed ineligible by the district surgeon, he is then in some districts, as Dublin and Cork, referred to the ultimate decision of a board

of medical officers. In most other districts the decision of the district surgeon is, I believe, final, with respect to the rejection of country recruits. This throws a heavy responsibility upon a staff surgeon, which I know is sometimes severely felt. In carrying these regulations into effect, an anomaly in military discipline sometimes occurs. An hospital assistant, or very young officer, who happens to be in charge of the depôt of a corps, may in the exercise of his judgment think himself called upon to disapprove of the decision of a staff surgeon, and to return a recruit ineligible, who had been certified "fit" by an officer of that rank. As memoranda, the "Rules to be observed on the examination of a recruit*," are excellently adapted to the purpose for which they are intended; but as many of the defects therein noticed exist in an infinite number of degrees, some discretion is often required to decide whether a blemish be likely to effect the efficiency of a recruit or not. In the performance of this duty, old officers are guided by their knowledge of the duties and habits of soldiers, and by their acquaintance with the frauds sometimes practised by them; whereas a young hospital assistant, without much experience on these subjects, is apt to be influenced by the letter rather than the spirit of his instructions, and consequently to reject men on account of a blemish, which a more experienced officer would not consider a disqualifying defect. But examples frequently occur of men, respecting whose fitness for the service two individuals, of whatever standing or rank in the army, may conscientiously entertain different opinions, without any reflection upon the attention or ability of either. The chief source however of the difference of opinion, that takes place between young medical officers and district surgeons, is the comparative credulity of the former.

* Vide page 13.

If a recruit asserts that he is lame, deaf, or has had fits, &c. he is too often implicitly believed, and sometimes rejected, without any other evidence of a defect than his own testimony. A statement of this kind, coming from a man at his final examination, should be received with much distrust, when it is recollected, that every recruit solemnly declares before a magistrate, that "he is not troubled with fits, and is no ways disabled, &c. &c. to serve his Majesty." This anomaly, it is supposed, has had a tendency to induce district surgeons to select recruits on account of their being free from blemish, rather than because they possess the qualities required to fit them for the army. As soldiers are liable to serve in every variety of climate, to endure great changes of temperature, to be exposed to frequent vicissitudes of weather, to undergo much fatigue in marching, &c. &c. to brave the greatest dangers, and often to sustain considerable privations of the common necessaries of life, they would require to possess vigorous constitutions and muscular capability, qualities which often exist with some slight defect, and that may be absent in a man in whom no specific fault can be discovered.

HINTS
ON THE
EXAMINATION OF RECRUITS.

The leading qualities required in recruits may be comprehended under four heads, namely,

Height.

A certain period of life.

Health.

Activity, or the full power of using the several members of the body.

With respect to height and period of life*, they belong

* Medical officers are not required to give their opinion as to the age of recruits, although from a variety of circumstances they ought to be able to form a more correct estimate on that subject than a person who had not made the human frame his particular study. To meet the views of the Commander in Chief in regard to the age of recruits, and to strictly comply with the orders issued from the Horse Guards, occasionally demands close observation. At present, a considerable number of regiments are prohibited from enlisting recruits over twenty-five years of age. Other corps are not allowed to recruit any man under twenty or over thirty; and a few are prevented from enlisting a man under nineteen or over twenty-five. In general, no dependence can be placed upon the age a recruit "stated himself to be" to the magistrate who attested him. It is no uncommon circumstance for a man, when he wishes to enlist, to state his age to be not more than twenty-five; and perhaps in a few weeks, when he has become tired of soldiering, to say he is thirty-five, and even forty. Sometimes also a young lad will assert he is nineteen, and when he comes to be attested or re-examined, he will swear that he is not more than seventeen or eighteen. The spirit of the orders regarding the age of recruits will, I presume, be more effectually followed by estimating the

to the province of military officers, while the qualities of health and activity are in general left to the determination of the medical branch of the service. From their professional knowledge and experience of the duties of soldiers, medical officers are presumed to be capable of forming a tolerably correct opinion of the health of recruits, their power of enduring fatigue, and general efficiency.

The infirmities or defects that disqualify recruits for military service, may be divided into three classes.

1. Obvious defects (chiefly external).
2. Defects not obvious (chiefly internal).
3. Feigned defects.

period of life by organic phenomena, rather than by a succession of time, even if we had the most satisfactory information in that respect. Some lads of eighteen are further advanced, and possess more of the qualities that constitute an efficient soldier, than individuals of twenty-one; while other persons, who have not lived twenty-five years, evince traces of decay, arising perhaps from intemperate habits, previous disease, or a feebleness of the constitution. The changes of the physical character of man are so imperceptible, and the transition so little apparent, that no definite marks of any particular age can be assigned. During the age of adolescence, the head is often comparatively large, the spine straight and long, and the inferior extremities proportionably diminutive. Puberty is characterized by an increased animation of countenance, hair on the chin, arm pits, and pubis, an expansion of the thorax, and an evolution of the genital organs, with a more complete development of the lower extremities. At about nineteen or twenty, some of the wisdom teeth generally appear; this, although liable to many exceptions, is the most specific diagnostic mark that organization affords of a particular period of life. The bones become gradually thicker, the joints strong, and the shoulders broad, the muscles firmer and more expanded. Under the skin more fat is deposited, which is diffused over the body. In the progress of life, corpulency to a certain degree commonly supervenes, and, in most men, the belly becomes prominent. The approach to an advanced period of life is indicated by wrinkles on the forehead, particularly round the eye, in consequence of the absorption of fat, and by the muscles becoming less firm, the skin softer, and the extremities less plum .

Obvious Defects.

Defects of the first class are frequently dissimulated by recruits, who are often instructed in this species of fraud by the men belonging to recruiting parties, and old soldiers. Much care is therefore required on the part of a medical officer, to obviate the various means which are adopted to deceive him*.

Attempts are sometimes made to impose upon military as well as medical officers. To guard against fraud in regard to the height of men, an order was issued in the month of June, 1819, directing, that until further orders all recruits should be measured without shoes or stockings. Since that period however some instances have occurred, where recruits have been enabled to increase their apparent height, and to escape detection, by glueing pieces of buff to the naked soles of the feet†. The appli-

* “Persons enlisting and wilfully concealing any infirmity, are punishable as incorrigible rogues.”—Mutiny Act, sect. 92, 100.

The French surgeons have very little confidence in the honesty of a recruit, who enlists voluntarily into their service, or who becomes a substitute for a conscript: one says, “*Tout remplaçant est à bon droit suspect. On ne saurait donc être trop clair voyant, si l'on ne veut point s'exposer à être dupe de la malice et de l'astuce des hommes de cette classe, avec lesquels la mefiance est la mere de la sûreté.*”

† Fraud in regard to the apparent height of recruits is of frequent occurrence. Sometimes individuals endeavour to appear taller than they really are, and sometimes lower, accordingly as it may suit their views. The height is reduced by flexing the head forwards a little, pushing out the abdomen, and slightly bending the knees. By these means a man may appear to be an inch lower than he really is, without always making the fraudulent schemes so conspicuous as to lead to detection. It is surprising how often intelligent and experienced officers are imposed upon in this way, by persons of whose capacity and mental acquirements no very high opinion could be formed. One instance may be mentioned: during the summer of 1809, Colonel Lindsay, inspecting field officer of the

cation of Warren's Blacking has likewise been adopted to dim the brightness of grey hairs.

centre district, approved of Nicholas Martin, a lad about fifteen years of age, and 5 feet 3 inches high, for the 18th dragoons. Upon arriving at Brighton, the head quarters of the regiment, he was measured in the presence of Colonel Jones, and found to be only 5 feet 1 inch in height. Colonel Lindsay was called upon by Sir Harry Calvert, to assign a reason for his having so far deviated from the recruiting instructions, as to approve of a recruit so low as Martin. The Colonel's reply stated, that the recruit in question was 5 feet 3 inches when he measured him. Martin was then ordered by Sir David Dundas, the commander in chief, to be measured in the presence of a general officer, that he might be able to decide how far blame ought to be attached to the approving officer. This was performed under the superintendance of Major General Hugonin, who certified, that the recruit in question measured exactly 5 feet 1 inch. Suspicions were now entertained regarding the identity of the person who had joined the 18th, and the lad approved by Colonel Lindsay; and General Hugonin was instructed by Sir Harry Calvert to investigate that subject. He did so, and reported, that he felt satisfied the lad he examined had been approved by Colonel Lindsay. Martin was then directed to be discharged, and the levy money ordered to be paid by Colonel Lindsay, "owing to whose neglect a recruit so totally unfit was received into the service." The Colonel still persisted, however, in asserting, that he never had approved of a recruit below the regulated height, and Martin was in consequence sent to Dublin for the purpose of being re-measured. On his arrival he was placed under the standard by Colonel Lindsay, and found to measure 5 feet 3 inches. He attempted to reduce his height, but that species of fraud being well understood here, it was instantly detected. He was afterwards measured by General Clinton, A. G., who certified, that Martin was measured in his presence by the standard received from the adjutant general of the forces, and actually measured the full height of 5 feet 3 inches, without shoes or stockings: he was then sent to join his corps, and "a very particular letter" addressed to Colonel Jones on the occasion.

The French conscripts, in addition to the means already noticed, for reducing the apparent height, removed the thick cuticle covering the sole of the foot, and cut the hair as close as possible.

The position of a recruit, when he is measuring, ought to be

In the examination of recruits, the following routine will be found to be both expeditious and safe; the names, trades, &c. (as directed page 15), of the recruits for the day having been inscribed in the register, let them "fall

exactly that of a soldier under arms, with his eyes looking straight before him; when the slightest suspicion of fraud exists, he should be undressed before he is brought to the standard. But the best means of obviating deception in regard to height, is to measure a suspected person extended on his back. To ascertain whether, and how much, the horizontal length of a man exceeded his perpendicular height, I begged Mr. Maguire, the adjutant of this depot, to measure a number of men in both situations, with the same standard, and to note the result. He measured 52 individuals.

In 5 the horizontal length exceeded the perpendicular height four-eighths of an inch.

5 three-eighths.

13 two-eighths.

14 one-eighth.

15 No appreciable difference.

—

52

Being a mean difference of about three-sixteenths of an inch.

A very singular case of fraud, in regard to height, occurred here last summer. A young man, a recruit for the 4th dragoons, having been measured by the serjeant major, who is by no means a novice at that duty, was brought to me for inspection. As he had a large quantity of hair, I applied my hand to the head, by which means a hard body involved in hair, and surmounting the vertex, was discovered. He stated, that it had been placed there to defend an injury he had received. This assertion turned out to be without foundation, for when the *toupee* was removed, by cutting the hair close to the head, no trace of an injury could be perceived. It had been placed there to increase his height. The body consisted of a piece of light wood, which fitted upon the head like a saddle: it was covered with a coating of cobbler's wax, and the hair, which adhered firmly to it, was so disposed as to conceal the fraud very effectually from the sight. By means of this contrivance, he added apparently an inch and a quarter to his height, which was necessary to render him eligible for the above corps. The trick completely escaped the notice of the serjeant major.

in" and be inspected in their clothes. During this inspection we frequently succeed in detecting deserters, and men who have been in the army, and discharged in consequence of disease or disability.

Let them next be examined singly undressed. Upon entering the inspection room, each recruit is to walk a few times pretty smartly across the apartment, for the purpose of ascertaining that he has the perfect use of his inferior extremities. This is a very essential part of the business of inspection. Notwithstanding a rigorous observance of it, however, I have known a medical officer called upon to explain why he approved of a recruit, who, after joining the corps to which he belonged, did not perform the "goose step" to the entire satisfaction of his commanding officer. He is then to be halted, set up in the position of a soldier under arms, with the knees about an inch apart, and examined from head to foot. The inspection may be conducted with reference to the following qualities, or conditions of the body.

Colour.

Muscular capability.

General health.

The condition of the external surface, comprehending chronic eruptions, marks of punishment, ulcers, cicatrices, &c.

The configuration of the thorax, spine, and pelvis.

The condition of the superior extremities, comprehending symmetry, fractures, contractions, mutilations, &c.

The condition of the inferior extremities, including symmetry, &c. as also varicose veins, nodes, flatness of the soles of the feet, distorted and supernumerary toes.

Should no material defect be perceived during this survey, the examination should go on. The recruit is then to

perform, in imitation of the hospital sergeant, the following manual evolutions. To stretch out the arms at right angles with the trunk of the body, then touch the shoulders with the fingers, next place the backs of the hands together above the head; in this position let him cough, while at the same time the examiner's hand is applied to the rings of the external oblique muscles. Examine the spermatic chords and testes, then pass the hand over the bones of the legs. The recruit will next stand upon one foot, and move the ankle joint of each extremity alternately. And when any doubt is entertained, respecting the efficiency of the ankle joint, or any part of an inferior extremity, he should be made to test his strength in that respect by hopping upon the suspected limb for a short period, and the size and aspect of the corresponding joint or part of the opposite limb should also be accurately compared. Let him then extend the superior extremities forward, for the purpose of having his arms and hands examined; he is in this position to perform flexion and extension of the fingers, and to rotate the fore-arms. The head is next to be examined, including the ears, eyes, nose, mouth; then ascertain that he possesses the function of hearing, and the power of distinct utterance; next inquire whether he has passed through the small pox or been vaccinated. The examination of a recruit in this manner will require about five or six minutes; and if carefully performed, very few disqualified men will be admitted into the service.

No recruit ought to be examined while intoxicated; and country recruits should not be inspected the same day they arrive at the dépôt. The hair should be cut and the feet washed before examination. If it be discovered during the inspection, that a recruit had formerly been in the army, his case should not be determined until he produce his "discharge" or "instructions," by which the cause of his leaving the service may be ascertained. It is not by

any means an uncommon circumstance for men to enlist, who have been discharged but very lately from the service, in consequence of disabilities or defects, sometimes without and at other times with pensions of six pence and even nine pence a day; in general the assigned disability appears to have been substantial, in others only feigned. One instance may be particularized, which affords a striking example, how much an unprincipled impostor may achieve, in spite of medical skill and medical boards. James M'Faul, a native of the county of Galway, Ireland, enlisted for the East India Company's service, August 26, 1821, and was approved in Dublin. Shortly after joining the depôt in Chatham, he became incapable of doing his duty in consequence of deafness: after some time the case was referred to the decision of a board of medical officers at Fort Pitt, where he was convicted of being an impostor. On the 21st December, 1821, he embarked for Bombay with a detachment of recruits. He had not been long in India before his old complaint, deafness, returned, and on account of this assumed defect he was discharged and sent back to this country. He was again approved in Dublin as a recruit for the 13th light dragoons, on the 20th December, 1824; and soon after joined the cavalry depôt at Maidstone. He soon found his way to the hospital on account of his former infirmity, and on the 27th April, 1826, was discharged from the service at the recommendation of a medical board held at Fort Pitt, "in consequence of chronic pains in his limbs, which supervened upon a syphilitic affection, and deafness, which followed a slight cold with which he was affected," having been on the strength of the 13th dragoons for one year and one hundred and fifty days without performing a single day's duty. He enlisted again at Dublin, for the Company's service, on the 27th of May, 1826; and sailed for the presidency of Madras on the 12th of September of the same year.

Recruits who have been formerly in the service will occasionally, with a candour approaching to impertinence, relate the means by which they allege they succeeded in obtaining their discharge, apparently with the hope of thereby convincing the surgeon, that no real infirmity exists or ever did exist*.

The physiognomical characters of a well-drilled soldier are commonly easily recognized; his posture is generally upright, both when he is in motion and at rest. His chest is full, partly from an elevation of the sternum, and partly from a greater development of the pectoral muscles; the shoulders are drawn back, and the scapulæ nearly approach each other. There is however a slouching manner commonly assumed by an old soldier, when he wishes to conceal that he had formerly been in the army, but it disappears in a great measure when he is desired to walk, and if the word "halt" be given, the influence of discipline becomes more evident.

If after a recruit has been approved, it be ascertained

* Men who have been discharged from the service on account of an infirmity, ought to be examined with particular care. Vide the following letter from the deputy adjutant general.

SIR; Horse Guards, 3d August, 1813.

"In reference to my letter of the 11th June last, I am directed by the Commander in Chief to signify, that a legal opinion has been since taken on the subject, and that an out pensioner is considered at liberty to re-enlist, and to be entitled to the usual bounty, forfeiting in the case of his re-enlisting his claim to pension for former service.

"It appears essential that men, who have been discharged as unfit for active service, should be examined with *peculiar attention* previous to their readmission, as a recurrence of their disability would subject the public to expense without adequate advantage.

I have, &c.

(Signed) R. DARLING, D. A. G.

The Adjutant General,
&c. &c. Dublin.

that he labours under some disability, or should even the suspicion of any material defect be entertained, no time should be lost in reporting the circumstance to the proper authorities, that he may be examined and his case decided upon by a medical board.

The following observations are chiefly intended to point out the objects to which a medical officer should direct his attention in the examination of recruits, without presuming to dictate the result. The question of fitness or unfitness of a recruit must be determined by the discretion and experience of the person who inspects him; for no rules can be framed so as to meet the object intended, namely, to prevent inefficient men from being admitted into the army, and at the same time to reject no recruit who does not suffer under some decided disqualification.

Colour.—The slightest mixture of colour disqualifies a man for the East India Company's service. An example happened very lately, where a recruit who had been approved in this district was rejected on that account at the Company's depôt, Chatham, although the black shade was scarcely perceptible. I am not aware of a similar instance having occurred in his Majesty's service, nor have I heard of the promulgation of any regulation on the subject.

Muscular capability.—Boys, who have grown rapidly, are sometimes unfit for the service, in consequence of not possessing adequate strength for the performance of military duties. A rapid growth is commonly attended with debility, and is sometimes a precursor of phthisis: but persons of this description are to be distinguished from lean, unfilled-up, half-starved, scraggy lads, who make excellent soldiers.

General health and prospective efficiency.—According to the usages of the service, a medical officer is not warranted in considering either extreme youth or advanced age as disqualifying defects. His business is to approve of

persons who are free from physical deformities, who enjoy good health with a sound constitution, and to reject those individuals whose health seems to be infirm, limbs unsound, or who appear to be predisposed to disease. The leading external characters of a good constitution may be briefly enumerated: a tolerably just proportion between the different parts of the trunk and members, a well-shaped head, thick hair, a countenance expressive of health, with a lively eye, skin not too white, lips red, teeth white and in good condition, voice strong, skin firm, chest well formed, belly lank, parts of generation well developed, limbs muscular, feet arched, and of a moderate length, hands large.

Many persons inheriting from birth a feebleness of constitution and a predisposition to disease, are unfit for the fatigue incident to a military life, and are seldom out of hospital if they belong to the army. The reverse of the characters of a good constitution already enumerated will indicate infirm health, or a weakly habit of body; as also meagreness or great extenuation, loose flabby white skin, long cylindrical neck, long flat feet, very fair complexion, fine hair, wan sallow countenance, paleness of the inside of the mouth, tongue whitish, soft, or shining like varnished leather, weak shrill voice, fetid breath, hurried or laborious breathing, traces of numerous leech bites on the body, cicatrices of ulcers on different parts of the body, indicative of scrofula or some constitutional affection, face tawny or sunburnt*.

* When a recruit is above twenty-two or twenty-three years of age, and has a sun-burnt face and the manner of a soldier, suspicions are commonly entertained that he had formerly belonged to a regiment serving in a hot climate, and that he has been discharged on account of impaired health. These suspicions are sometimes confirmed by searching his clothes, and discovering a discharge in his pocket. The texture of a shirt sometimes leads to the detection of an invalid recruit, in consequence of the difficulty he finds in accounting for having one of Indian manufacture.

There are many men, who, although they have no apparent disease, or any well-characterized physical defect, will make but indifferent or bad soldiers; and the power of recognizing such individuals is a talent which is greatly improved by practice. If a recruit does not possess the health and strength of constitution calculated to enable him equally with his comrades to endure and surmount the fatigue and disheartening influence which attend his initiation into the army, he loses that active fortitude required to fit him to bear up against difficulties, and falls into a pensive, gloomy state of mind, which is soon followed by deteriorated health; he loses his appetite, becomes emaciated, a slight cough supervenes, terminating, after frequent admission into hospital, in organic disease of the lungs, and he expires by the time he has been twelve or eighteen months in the army.

There is a very objectionable description of recruits often met with in large cities, namely, young men whose health has suffered from debauchery of various kinds. Their peculiar appearance is commonly well marked; complexion wan and colourless, doughy sodden look, tremulous lips and hands, clean teeth, breath, and smell peculiar to spirit drinkers; often fulness of the belly and tendency to fatness; their manners and language of the better kind; this class is usually composed of footmen out of place, clerks, shopmen, broken tradesmen, profligate irreclaimable sons of gentlemen, &c. &c. I know no species of recruits more unfit for the service: they are seldom out of the guard-room or the hospital.

Marks of punishment.—The rule to reject recruits on this account is absolute, and I presume it applies to corporal punishment in a general sense, whether on the back or breech, not merely to military flogging. Deserters are, however, readmitted into the service, or rather they are not discharged from it, although they bear the marks of punish-

ment. Among the recruits raised and approved in the country, a few sometimes bear the marks of flogging. When the examiner notices the cicatrix, and inquires how it was produced, he is generally informed that it was caused by the application of hot liquor while a child, or that it is the result of a blister; and if the cicatrix be on the breech, it is also attributed to a blister, which had been put on the back and slipped downwards during the night. These assertions are too often credited. The diagonal direction of a cicatrix occasioned by a cat-o'-nine-tails, and the circumstance that it is more evident on the left than on the right shoulder, will in general easily distinguish it from the result of the application of a blister or hot fluid.

In addition to flogging, or some other punishment, courts martial occasionally adjudge a deserter to be marked with the letter D on the skin of the left side below the armpit with cuts or gunpowder, so as to be conspicuous, and not liable to be obliterated. This mark is frequently scarcely visible, even without any attempt to efface it; so that a man thus stigmatized may escape detection, if he happens not to have been punished with the cat-o'-nine-tails. Commonly, however, this mark is nearly obliterated by artificial ulceration, and when observed, the individuals generally assert that it was made by a priest, and that it is the initial letter of the word *Jesus*.

Ulcers.—Ulcers, buboes, and indeed all ailments that require medical treatment, render a recruit ineligible. Plaisters, however small, should be removed from the skin: they are sometimes employed to cover a mark of the letter D. To conceal gonorrhœa, cobbler's wax is sometimes introduced into the urethra.

Cicatrices.—Scars on the neck, being in general presumed to be traces of strumous ulceration, are commonly deemed a disqualifying defect; but whether they should invariably cause a recruit to be rejected, particularly after

he has attained the age of manhood, may admit of some doubt. To conceal scars on the fore part of the neck, recruits bring the chin close to the neck, and sometimes the whiskers are allowed to grow for the purpose of hiding a defect of this kind. In the same manner I have seen a cicatrix resulting from an unsuccessful attempt to commit suicide, by cutting the throat, temporarily concealed. Cicatrices of frequent venesection, setons, cupping, and numerous blisters, are all objects of attention, being indicative of previous indisposition. We sometimes detect men, who have served in India, and who have been discharged from the service on account of ill health, by traces of numerous leech-bites on the body. Cicatrices on the legs, if they adhere to the bone, and particularly if they are surrounded by discoloured and diseased integuments, with a puffiness of the limb, render a recruit unfit. Attempts are sometimes made to conceal cicatrices by covering them with paint.

Symmetry.—Perfect symmetry of the human body may be said never to exist. In almost every individual, a want of harmony in some part or other is discoverable. There is often great want of symmetry between the trunk and inferior extremities, the former being full in proportion to the latter, and vice versa. Even the lateral sections of the body are often disproportioned in size, and not strictly similar in form.

Thorax.—The formation of this part of the body differs considerably in different individuals. The more common deviations from a symmetrical formation of the chest may be comprehended under five varieties. In the first variety the sternum is short and straight. 2. The thorax is flat, the ribs having very little arch, and the sternal diameter of the cavity small. 3. The transverse diameter of the thorax is comparatively small, and the sternum protrudes, giving the chest a keel-shaped

appearance, "chicken breasted." 4. The convexity of the curve of the ribs is turned inwards, "depressed sternum." In the fifth and last variety the cavity of the thorax is defective in amplitude, but without deformity, the chest being less developed than the other parts of the body, a defect in some degree common to all the other varieties.

Persons of great physical strength, or who can endure much fatigue, have almost invariably full capacious chests. In cases where the thoracic organs are comparatively little developed, it may be conceived that the requisite degree of vigour will not be imparted to the extremities; and should a person whose thorax is small and his limbs bulky exert himself greatly, the lungs may become disposed to congestion and to some varieties of phthisis. Perhaps the prevailing opinion, that a "contracted chest" is symptomatic of a predisposition to consumption, arises rather from the disproportionately small size of the thoracic viscera than from any particular formation of that part of the body.

In cases where the cavity of the thorax is diminished by curvature of the spine, the incapacity of a recruit is evident. With the view of ascertaining the condition of the lungs in regard to health, some army medical officers have recommended the use of the stethoscope. The soundness of the lungs is sometimes tested also by observing how many seconds a man can suspend inspiration. This is attempted to be ascertained by desiring the person under trial to inspire fully, and during expiration to reckon slowly and audibly a series of numbers, as 1, 2, 3, &c. without allowing himself to take another inspiration. The time he is able to continue counting, or rather to interrupt inspiration, is observed by a watch; and in proportion to the integrity of the lungs is the extent of this period. Healthy individuals can suspend inspiration during a space of time extending from twenty-five to thirty-five seconds, while

persons suffering under some affections of the thorax are unable to interrupt it for half that period*. The utility of this test would be more satisfactory if the function of respiration were less under the influence of the will.

Instances occasionally occur, where the lower angles of the scapula are found "projecting like wings," a species of defect, which, if it exist to a considerable degree, might tend to render the carrying of military accoutrements painful and harassing. In some rare instances, only one scapula projects.

Spine.—The relative proportion of the extent of the natural curvature of the spine, as also the degree of inflexion of the curves, vary much in different individuals. The second, or middle curve, in particular, is often found greatly bent in men who possess sound health and powerful muscular capability, constituting what is called round-shouldered: this is often seen in young recruits, arising, as they generally and with much probability allege, from the practice of carrying heavy loads on the back or shoulder.

The spine is frequently found inflected laterally, sometimes in one flexure extending from the loins to the neck, and at other times in two, the spinal column having then a sigmoid shape. When there exists only one flexure, the convexity of which is on the left side, the left shoulder appears to be high, the right hip large, and, if the hands be placed close to the thighs, we can see between the right side and arm, but not between the left side and left arm. This state of the spine may be ascertained by viewing the body in front, as the sternum and linea alba have a curve corresponding with that of the vertebral column. In many cases the lateral flexure of the spine may be ascribed to a shortness of the inferior extremity on the convex side of the curve, which is rendered evident by placing a body equal to the difference in length under that extremity, when the

* Edinburgh Medical and Surgical Journal, vol. xxviii, p. 453.

spinal column will in general become straight. Even in cases where the difference of the length of the limbs is more than an inch, no halt can be discovered in walking, and no defect is commonly perceptible in the muscularity and efficiency of the short extremity. Sometimes the convexity of the curve of the spine is on the right side, and sometimes on the left. Were an individual, whose right or left inferior extremity is shorter than the other, examined without uncovering the lower part of the body, it might be inferred, that the original defect lay in the vertebral column, and that it was the result of disease. From a presumption that lateral inflexions of the spine constituted a disqualifying defect, I have known young, active, and vigorous recruits rejected, although they were admitted to be unexceptionable in every other respect.

Among the requisite elements of the human form, figure, and structure, in regard to symmetry, the relative length of the spine when compared with the lower limbs is one of some importance. Long backed persons with short legs (short in the fork) are not good walkers, a defect which is easily accounted for upon mechanical principles. This form is therefore unfavourable for the infantry, but it is still more so for cavalry. A dragoon with a short fork has neither a secure nor a graceful seat on horseback. He never makes so good a horseman as a well-proportioned man.

Pelvis.—This part of the body is occasionally found to possess a much greater amplitude on one side than on the other, varying from one to two inches, without appearing to affect the efficiency of the individual in the slightest degree.

Superior Extremities.—More symmetry is commonly found between the lateral sections of the body than between the superior and inferior parts of the system. The right arm is generally thicker than the left, but no superiority in this respect seems to obtain in the right over the left infe-

rior extremity*. Even when the difference of equilibrium between the arms is considerable, there seems to be no remarkable inferiority of power in the smaller arm, or any want of efficiency in the individual.

Fractures.— Due care should be always taken to ascertain that the long bones are sound, and the functions of

* Abstract of the measurement of the arms and legs of one hundred recruits, which was made with the view of ascertaining the relative equilibrium of the extremities. The arms were measured about equal distances from the shoulder and the elbow, and the legs round the thickest part,

	Right arm thicker than left.	Left thicker than right.	No dif- ference.	Total.
Right-handed individuals	68	5	18	91
Left-handed	1	6	2	9
				100

Of the 68 right-handed individuals, whose right arms were thicker than the left, the superior size was,

In 8	six-eighths of an inch.
2	five-eighths.
18	four-eighths.
9	three-eighths.
30	two-eighths.
1	one-eighth.
68	

The disproportion of the superior extremities seemed to be fully as remarkable among youths as among persons further advanced in life, and who, of course, had applied themselves longer in the exercise of particular trades.

Fifty-three of the right-handed recruits, whose right arms were thicker than the left, had not exceeded nineteen years of age; and of this number the difference of equilibrium was as under stated.

In 7	six-eighths of an inch.
2	five-eighths.
12	four-eighths.
9	three-eighths.
23	two-eighths.
53	

The relative difference in the legs was as follows:—

the joints unimpaired. Dr. Thomas Brown, staff-surgeon, met with a recruit, who performed satisfactorily all the evolutions to which recruits are commonly subjected, although he had a disunited fracture of the radius and ulna of the right arm. Fractures, if well united, are not commonly disqualifying defects, although perhaps a fractured clavicle should render a man in general unfit.

Contractions.—A lesion of the functions of the larger joints, as the shoulder or elbow, is an important defect. We frequently, however, find slight contractions of the fingers, which do not disqualify a recruit. Sometimes these contractions arise from injuries of the tendons, but much more frequently from chronic inflammation of the thecæ and aponeurosis of the palm of the hand, excited by the exercise of particular employments, as delving, hammering, ploughing, &c.

Mutilations.—By the French code, a conscript cannot obtain a complete exemption from service on account of the mutilation of any finger but the thumb. According to the existing regulations, a medical officer would probably not think himself warranted in approving of a recruit who had lost any finger. I have known a district surgeon called upon to explain why he approved of a recruit, who (according to the report forwarded from the Horse Guards) “had

No.	Right leg thicker.	Left ditto.	No difference.
100	In 1 six-eighths.	In 1 one inch.	28
	2 five-eighths.	1 five-eighths.	
	9 four-eighths.	12 four-eighths.	
	3 three-eighths.	2 three-eighths.	
	17 two-eighths.	21 two-eighths.	
	3 one-eighth.	—	
	—	37	
	35		

In these men there did not appear to be any relation between a superior bulk of the right arm and a corresponding condition of the right leg, for of the 68 whose right arms had a larger circumference than the left, the right leg was thicker in 25, the left in 29, and no difference was found in 14.

lost the first joint of the middle finger of the left hand, otherwise good-looking and fit for service."

Inferior Extremities.—Frequent instances occur among recruits, where one inferior extremity is from half to three-fourths of an inch thicker than the other, the functions of the smaller limb remaining unimpaired. This condition of an extremity is to be carefully distinguished from atrophy, characterized by flabbiness of the muscles and diminished power.

The deformity denominated in-kneed, when considerable, is an important defect. This malformation, when it occurs in boys (if not much greater in one side than the other), is generally out-grown, but when unequal it continues through life.

Varicose Veins.—Under this denomination three different conditions of the veins are sometimes confounded.

1st. A net-work of superficial blue veins, which is found on several parts of the body, but perhaps more frequently on the inferior extremities than on any other. 2dly, A large condition of the veins, but where the functions of the valves continue unimpaired. 3dly, A preternaturally dilated state of the veins of the inferior extremities, accompanied with a failure of the functions of the valves, when they assume the appearance of a chain of varicose cysts or bags. The limb whose veins are in this state is commonly somewhat enlarged; the cellular membrane indurated, and much disposed to ulcerate*.

* A greater proportion of recruits are rejected on account of varices of the legs in Scotland than in Ireland, as will appear by the following statement:—

From the 25th of March 1817, to the 31st December 1822, 4,369 recruits were inspected at *Edinburgh*, of which number 192 were rejected on account of varicose veins of the legs, *viz.*

Both legs	64
Right only	39
Left only.....	89

192 = 4.3 per cent.

Glasgow, from the 1st of January 1817 to the 20th of June,

The first and second varieties of this affection are of little importance, while the third is a serious defect.

Nodes.—We occasionally find inequalities on the shin bones, of whose history no satisfactory information can be obtained. As they occur in robust, healthy individuals, it may be presumed that they are often merely an anomalous formation, and not the result of syphilis or periostitis.

Flatness of the Soles of the Feet.—When the plantar arch is well formed, we stand on the heel (*os calcis*) and the distal extremities of the metatarsal bones. The concave shape of a well-formed foot is an admirable provision for defending the nerves and blood vessels, that ramify under the middle of the foot, the use of which is painfully demonstrated to us when we ascend a ladder with narrow steps, or tread upon a pointed body.

In splay-footed persons, where the sole is not merely flat, but in some degree convex, the tendons of the sole are elongated, accompanied with a subsidence of the bony arch, both in regard to the length and breadth of the foot, by which means the tarsus becomes the broadest part. The *os naviculare* projects, thereby producing a

1823, number inspected 5,755; rejected on account of varices 259, *viz.*

Both legs	42
Right only	90
Left only	127

259 = 4.5 per cent.

Dublin, during the years 1825 and 1826; number inspected 10,247.

Both legs	48
Right only.....	111
Left only	107

266 = 2.4 per cent.

convexity of the inside of the foot; the inner ankle nearly approaches the ground, and in a number of instances the internal malleolus projects much more than is natural. In some cases the limb is oblique, and the muscles on the back of the leg are commonly but little developed. Very long as well as flat feet commonly have a tendency outwards, seemingly to make up for their inability to grasp the ground by extending the base of support.

In the mechanism of walking, our feet become levers of the second order, which may be compared to the action of an oar in rowing a boat, the weight being situated between the power and the fulcrum. When the sole is convex (splay-footed) the fulcrum is, during progression, less distant from the power than in a well-arched foot, consequently the influence of the lever is proportionately diminished, and the natural spring of the foot impaired. The effect may be compared to that of rowing with a short instead of a long oar. In consequence of the weight of the body falling upon the centre of the sole, instead of the heel and the anterior extremities of the metatarsal bones, the play of the ankle joint and the other joints of the foot is nearly lost, on which account the other joints of the body are comparatively little used; hence almost all splay-footed persons carry the head and shoulders, as also the elbows, backwards, while the spine at the loins is commonly pushed forward. They move their feet smoothly along the ground (*scoofing*, Scotticè), with a general stiffness of the body, as if they were pushing a wheelbarrow before them. Let any person place a body under the arch of the foot, and try to walk with a stiff ankle, and he will easily comprehend the above description.

Splay-footed individuals are unable to endure easily the fatigue consequent on long marches; more labour being required from them to produce a certain effect than from

persons whose feet are well arched. In another respect they are disqualified for military service, on account of the lateral vacillations they make in walking. When a foot is well formed, the heel is first raised from the ground, and the body rests for the time on the fore part of the foot and toes. But when the sole is convex, the extremity partakes in some degree of the inaptitude of a wooden leg; and, owing to the inelasticity of the foot and the stiffness of the ankle joint, the body at each step describes a portion of a circle. In file marching, the irregular undulations of a man with deformed feet are liable to throw the rear of a line out of its proper direction.

The flattened state of the arch of the foot occurs in every possible degree; hence there are many shades of the deformity which do not disqualify a man for the service. In the examination of recruits due attention should be paid to distinguish these varieties, and particularly to avoid confounding uncommonly broad though tolerably well arched feet with those in which the soles are convex and the limbs oblique.

Flatness of the soles of the feet appears to be a congenital deformity, and prevails in particular families and races of people. Many tribes of Africans have generally flat feet with remarkably long heels. I have met with instances of a deformity of another kind, where the instep was very high, the plantar arch being remarkably acute, so much so, that the middle of the foot did not nearly approach the ground: this defect, which in some instances is a serious one, is the *pied-equin* of the French anatomists.

Distorted Toes.—Occasionally we find one or more of the toes of a foot thrown out of their natural direction, by a contraction of the flexor tendons and thecæ of the joints, the first and second phalanges being elevated, which causes

great irritation and uneasiness in walking, by the pressure of a shoe. When the great toe is incompletely dislocated, and drawn inward, either under or over the second toe, (constituting the projection vulgarly denominated bunion) it is an important defect. The projection of the joint formed by the first metatarsal bone and the first phalanx of the great toe, is occasioned by an unusual separation of the anterior extremities of the first and second metatarsal bones of the foot, which is probably a result of the same cause that produced the distortion of the toe. *Superposition* of any of the toes is a great inconvenience to soldiers.

Deformity, or any disabling circumstance attending the feet, is a serious imperfection in a soldier. He becomes soon fatigued, and is unable to endure a long march; his feet are apt to swell, and to become inflamed and excoriated.

Supernumerary Toes.—This is generally a disqualifying fault, soldiers being often placed in situations where shoes could not be procured suitable for deformed feet.

Hernia.—Three varieties of this defect are occasionally found upon examining recruits, namely, ventral, umbilical, and inguinal hernia. The first two are commonly slight, and rarely affect the efficiency of a recruit: inguinal hernia at once demonstrates his unfitness. Disposition to rupture from preternatural enlargement of the ring, or relaxed state of the parietes of the abdomen in the inguinal region, is not unfrequent, and often forms good ground for rejection.

Spermatic Chord.—This process differs considerably in thickness in different individuals, and even in the same person in opposite sides. Its veins are sometimes found varicose, a state of parts which may occasionally be discovered at a distance, the side of the scrotum appearing

like a bag of worms. It is remarkable that a varicose state of the veins of the chord is almost exclusively found on the left side; indeed, I do not recollect ever having seen an instance of the affection on the right. A medical friend of mine tells me, however, that he has it on the right side. It is sometimes much more evident in the same individual at one time than at another. I know a gentleman who has this affection when his bowels are constipated, and only then. The greater frequency of an affection of the blood-vessels of the left chord has not escaped the observation of several medical authors. Morgagni mentions the circumstance. Murray* notices it, and attributes it to the accumulation of feces in the sigmoid flexure of the colon, which, by pressure on the veins, interrupts the return of the blood by these vessels. Lisfranc, surgeon to the hospital La Pitie, has come to a similar conclusion†. He is of opinion, not only that cirsoceles, but that sarcoceles and hydroceles are more frequent in the left than in the right testicle or side of the scrotum, and he states, that varices and ulcers are formed oftener on the left than on the right leg, from the same cause. By the returns of recruits rejected in Dublin, it does not appear that there is any material difference between the frequency of hydroceles of the left testicle and varices of the left leg and of the opposite side. Vide Appendix, 1, 2, 3.

Testes.—These organs are very small in some individuals, occasionally not larger than horse beans in full grown men. The testicle of one side is sometimes considerably smaller than the other, without any appearance of disease. Not long since a recruit was approved at this depôt, and subsequently rejected at the

* Murray de Cirsocele.

† Revue Medicale, vol. iv.

head-quarters of his corps, on account of the state of his left testicle, "which" (according to the report of the surgeon) "appears proceeding to a state of dissolution." This is certainly a very hypothetical cause for the rejection of a recruit; perhaps one testicle may have been a little smaller than the other, which is no unusual circumstance. In some individuals both testicles are not in the scrotum. During the examination of 10,800 recruits, I found five in whom the right, and six in whom the left, testicle was not apparent. In two of these cases there was inguinal hernia at the side where the testicle had not descended. *Hydrocele* and *sarcocele* are decidedly disqualifying infirmities.

Cranium.—Severe injuries of the skull always render a recruit unfit for the service. A defect of this nature may be concealed by long hair; hence the propriety of having it cut before examination. Wigs are sometimes employed to conceal fractures of the skull and *tinea capitis*; and I know, from having committed mistakes in this respect, that it is quite necessary to apply the fingers to the cranium when the hair is long, or the recruit very tall.

Ears.—A recruit is ineligible when he suffers under a defect of the function of hearing, however slight, whether with or without discharge from the external meatus. But some persons are liable to a puriform discharge for a little time, as a concomitant of catarrh, unaccompanied with any functional lesion.

Eyes.—These organs differ in different individuals in the transparency of the cornea, the lustre and mobility of the iris, and the blackness and size of the pupil. In some persons an increase of light seems to have scarcely any influence on the iris. The eyes of the same person also are sometimes different, particularly in the size and shape of the pupils, which are occasionally not round, but in some degree oval. Defects in the function of

vision commonly arise from a morbid condition of the cornea, iris, lens, or retina.

Cornea.—The defects more commonly found in this part of the eye are a general haziness, and specks, caused by the deposition of lymph, or the cicatrices of ulcers. Opaque specks generally cause a recruit to be rejected at primary examinations; and on this account the service loses a number of active young men.

Iris.—The aperture in this membrane is sometimes closed.

Lens.—An opacity of the lens requires no remark.

Retina.—Amaurosis, or an insensibility of the retina to the influence of light, is commonly indicated by a dilated pupil and immobility of the iris, but these symptoms are not always present in this affection. In some cases of amaurosis affecting one eye, the iris may be made to move by the influence of light upon the other, so that a recruit may be approved with a defective eye, although the ordinary degree of care has been taken in his examination.

Nose.—In regard to this organ, it is requisite to ascertain that the nostrils are not obstructed by polypi, and that the Schneiderian membrane is free from disease. The right nostril is sometimes larger than the left, and occasionally the superior turbinated bone of that side projects so as to be easily seen, and has been mistaken by inexperienced examiners for a polypus*.

* I may here advert to another presumed defect, namely, disease of the cervical vertebræ. When the thyroid cartilage is moved over the bodies of these vertebræ, a grating sensation is produced, a circumstance that has been supposed to indicate disease. I have known this fictitious affection included among the causes for invaliding a soldier. An eminent physician, who was attending a case of fever in a public hospital, happened by accident to touch the thyroid cartilage of his patient, and thereby produced the grating sensation; it was instantly inferred that the bodies of the vertebræ

Mouth.—By the French code, “stinking breath from an incurable cause” disqualifies a conscript, which is a very indefinite cause of rejection. The mouth is examined for the purpose of ascertaining that there are no ulcers in the throat, palate, &c. that the tonsils are not excessively large, and that a great many teeth have not been lost*. Even in the inspection of this part of the body, we must expect to meet with attempts to deceive. Not long since, a recruit presented himself at this depôt with an artificial palate; and I have known one attempt to dissimulate the loss of nearly all the teeth of the lower jaw, by the aid of a dentist. Recruits often endeavour to conceal the “loss of many teeth,” by covering the gums with the lips.

Speech.—Indistinct utterance is frequently feigned, but stuttering or hesitation of speech is very difficult to dissimulate. Some stammerers can utter a few short sentences in succession without any well-marked hesitation, so that their defect might escape notice.

Mental Faculties.—To obtain the requisite information on this point, it will in general only be necessary to ask a recruit a few short questions, such as what corps he belongs to, what occupation he previously followed, or the amount of wages he usually earned: but notwithstanding considerable care we may be deceived, and form an erroneous opinion.

DESERTERS.

During the year 1818, an order was issued by the Commander of the forces in Ireland, directing officers in command of districts to cause all “persons who may surrender themselves or be sworn in by others as deserters,”

were diseased, and a seton forthwith ordered to be inserted in the fore part of the neck.

* I have met with a few instances where the *uvula* was double: this is however a very rare anomalous formation.

“to be medically examined,” and to transmit the certificate of the medical officer direct to the office of the adjutant general. Deserters who are taken by police officers and others are also examined; and unless a certificate of fitness be brought along with the man to a magistrate, he will not authorize the issuing of the usual reward. The rules to be observed for the examination of recruits do not, I presume, apply to the inspection of deserters. Hitherto it has been the usage for medical officers not to return a deserter “unfit” for military duty, unless he suffer from some serious disqualifying defect, such, for instance, as would render it necessary to discharge a soldier from the service. Were a similar degree of strictness observed in certifying with regard to the fitness of deserters, that obtains in respect to recruits, many a soldier, who knew that he had some blemish, or if he had not a spontaneous defect he might feign or excite one, would desert, in the hope of being returned unfit for the service by a medical officer when he was pleased to surrender himself, and thereby obtain a protecting certificate from the adjutant general. And this opinion is corroborated by the circumstance, that, by the last proclamation of this kind, no deserter returned “fit” by a surgeon was to be discharged, unless he was under five feet four inches in height, or above forty years of age.

In consequence of the last proclamation, eight hundred and eighteen deserters surrendered themselves at this depôt, and some individuals confessed that they had deserted from six or eight regiments; one had absconded from thirteen.

Remarks and Observations.

The column under this head in the “Register for Recruits” ought to be ample, for the purpose of affording space to record incidental facts, more especially the causes on account of which a recruit is rejected. When a man is approved who happens to have

a blemish, which sometimes occurs, provided it is not of "a serious extent, nor affecting his efficiency," the defect should invariably be noticed. This measure enables a medical officer to render a satisfactory reply, should he be called upon to explain why he approved of a particular individual, of whom some suspicion of inefficiency is entertained. Occasionally instances occur, when it appears to be useful to inform the surgeon, or assistant surgeon, of the corps to which a recruit belongs, of some circumstance respecting him, such, for instance, as that he has a trivial defect, but that it has been observed and considered not of material importance, or that he had been endeavouring to simulate disabilities, &c. &c. As a simple means of conveying this information, I have been in the habit of transcribing my remarks on such cases on their attestation; and I beg to recommend the adoption of this plan to individuals whose duty it is, or who may be called upon to intermediately examine recruits. By attaching a small piece of paper to the attestation a good opportunity is afforded for making the requisite observations.

CLASS II. *Infirmities or defects not obvious, chiefly internal.*

Chronic affection of the liver.

Nephritic complaints.

Liability to rheumatism.

Occasional hemoptysis.

Incipient phthisis.

Vertigo.

Frequent headach.

Dyspepsia.

Many men have been discharged from the service in consequence of real or simulated affections of the stomach.

Epilepsy.

Palpitation.

Many recruits during examination feel so much agitated from the novelty of their situation, that the motions of the heart become greatly increased. Under such circumstances I have found the pulsations of the blood-vessels one hundred and thirty in a minute, while in the same individual, after the agitation had subsided, they were not above eighty. The difference between a temporarily increased action of the heart, and a permanent irregularity of the functions of that organ, is not always so easily discriminated as to warrant a final decision during an examination of a few minutes. Where any doubts exist, the safest plan is to suspend a determination regarding the fitness or unfitness of a recruit for ten or fifteen minutes, by which time a temporary agitation will have become greatly moderated.

Periodic asthma.

Fatuity, Imbecility.

Some men labour under such a debility or obtuseness of the mental faculties that no art can make soldiers of them; and yet their replies, conversation, and countenance, will evince no want of comprehension. A single examination will not always be sufficient to detect practical idiots of this kind. They are, however, commonly soon discovered in a barrack-room among their comrades.

Short-sightedness.

Night-blindness.

Confusion of vision (false sight).

Stricture of œsophagus.

Stone in the bladder.

Stricture of the urethra.

Frequent retention of urine.

Incontinence of urine.

Catarrhus vesicæ.

Occasional prolapsus ani.

To the above list, a number of other defects of a similar nature might be added. Many of these infirmities possess no permanent external mark of their existence, and consequently may be dissimulated, or escape observation, during the short period a recruit is under examination.

CLASS III. *Feigned Defects.*

The simulation of infirmities is much practised by recruits, although it is a species of fraud which is by no means confined to young soldiers. Recruits rarely enlist in consequence of a deliberate preference of a military life, but commonly on account of some domestic broil, or from a boyish fancy, sometimes from want of work, and its immediate result, great indigence. Perhaps nine-tenths of the recruits regret the step they have taken, and are willing to practise any fraud, or adopt any means which promises to restore them to liberty and the society of their former acquaintance. This disposition is very prevalent among the recruits raised in the country, who are brought to the depôt of a district for examination, and subsequently to be transferred to their respective corps. Some excite ulcers, others affect *stammering, deformity, pain in various parts of the body, deafness, blindness, epilepsy, contractions of the fingers, lameness, &c.* Some of these simulators display considerable art in carrying fraudulent plans into execution, and arrange their assumed defects so as to have them in tolerably good keeping. Fraud of this kind is however commonly associated with an anxious, pensive countenance, indicative of great reluctance on the part of individuals to comply with the orders they receive. An expression of gloom in the countenance awakens suspicion, and therefore frequently contributes to the detection of impostors.

We sometimes meet with individuals, who refuse to move an arm or a leg, and assert that they have lost the power of motion in the limb, or affect want of comprehension of what is

said to them. It is hardly necessary to observe, that the country recruits have all, upon being attested, declared before a magistrate that they were not "troubled with fits, and no way disabled by lameness, deafness, or otherwise." To obviate this disposition to fraud, a medical officer is under the necessity of presuming that a recruit is free from a disabling infirmity, when no sensible appearance proves its existence, whatever assertions may be made to the contrary. In general the irksomeness of a military life wears off, and young soldiers become less anxious to revisit their relations: until, however, they have acquired a perfect knowledge of their duty, and become familiarized in a corps, their attachment to a military profession cannot be great, and should not be calculated upon. Many recruits, who in consequence of disgust with the service during the period of hard drill, evince a disposition to simulate ailments, or to aggravate trifling defects, become, by mild and humane treatment, excellent soldiers*.

* A recruit, when he finds himself among strangers whose habits are very different from his own, is liable to become unhappy and low-spirited. He broods over the inconveniences attending his new mode of life; and as he has no friend with whom he can communicate respecting the causes of his unhappiness, and by that means divide his cares, he becomes gloomy and discontented, his health frequently suffers, he is unfit to endure fatigue, indeed a very moderate degree of exercise exhausts his strength. Sometimes, however, as stated in the text, he endeavours to regain his liberty by feigning disabilities, &c.

Too much care cannot be taken both by military and medical officers, to make young soldiers fond of their profession. For this purpose they ought to be treated with a due degree of respect, their condition should be rendered as comfortable as strict discipline and circumstances will permit; they ought never to be tormented with useless innovations, or exposed to unnecessary fatigue; every engagement or promise made to them ought to be rigorously observed. Correct discipline should if possible be preserved without the adoption of measures that may be denominated severe, or that have a ten-

The natives of Ireland are, I believe, more disposed to feign disabilities than those of England or Scotland. Dr. Davies, surgeon to the Honourable East India Company's depôt, Chatham, informs me, that most of those recruits who feign diseases, either to avoid duty or to get quit of the service, are natives of Ireland, and from that class of Irish whom *a priori* one would consider should be the most happy and content in it, *viz.* the poorer class of labourers.

There is a much greater proportion of malingerers in some regiments than in others, a difference which may perhaps in part depend upon the discipline of a corps, the conduct and general demeanour of soldiers being greatly influenced by the nature of the discipline under which they are controlled. But with regard to the simulators of disease or disabilities, I am disposed to think that they never become numerous in a regiment, when the surgeon possesses experience, and that peculiar tact which enables him not only to detect malingerers, but so to adapt the means to the end as to induce them to give in. Soldiers soon form an opinion of *the ability* of their medical attendant in this respect, and seldom attempt to deceive, unless they think their artifice will succeed. This tact does not depend upon severity; for the most efficient surgeon will often doubt without expressing his suspicions, and seem to be the dupe of a schemer, that he may become his master.

It is a great tendency to humiliate or degrade a man in his own opinion or that of his comrades. While breaches of discipline are punished, good conduct ought never to pass unnoticed. Implicit confidence should rarely be placed in non-commissioned officers with regard to their conduct to the men. Young soldiers are commonly unwilling to prefer complaints, but when they do they deserve a patient hearing. A commissioned officer should himself ascertain that strict justice is given to a recruit in every thing connected with his barrack accommodation, food, and pay.

In considering the subject of counterfeit diseases or disabilities, the following objects come naturally under consideration.

1. What are the means most likely to be successful in discovering whether an alleged disease be real or feigned?

2. When a malingerer has been detected, or, in other words, when it is after due consideration presumed that a disease is feigned, what are the most probable means for inducing him to return to his duty, or for convicting him?

Feigned infirmities are generally referable to three heads, or classes, namely, pretended, simulated, and excited disabilities; which last are for the most part external, although not always so. Diseases are feigned for a variety of purposes, and the character of the assumed disability is calculated to suit the occasion. If a soldier wishes to escape or delay punishment, to evade duty of any kind, more especially that of embarking for foreign service, he simulates an acute disease. If, however, his design be to obtain a discharge, with or without a pension, he feigns an infirmity of another class, one which possesses a chronic incurable character, calculated, if possible, to excite commiseration and pity.

The veracity of the testimony of a soldier may be suspected when he affects an obscure disease; if it be discovered that he dislikes a particular duty to which he is liable, or that he is disgusted with the service; as also when the supervention of the disease is not after the usual manner; when he has an aversion to take his medicine, or evinces an excessive anxiety to adopt some means of recovery; when incompatible symptoms occur, and the progress of the disease is not according to the ordinary course; and when medicines are reported not to be followed by their usual effects.

It is difficult to conceive a more irksome and unsatis-

factory duty than to have the care of a number of soldiers, who complain of uneasy sensations without any external mark of disease, or visible disorder of the functions, and where testimony is liable to suspicion. Under such circumstances, it is not always easy to preserve a just medium between too much incredulity and too great a disregard to testimony. I know well, that it is much more difficult to ascertain whether or not a disease really exists, than to prescribe an appropriate remedy. In a regimental hospital, the practice of simulating diseases can rarely be carried to any great extent, where due care is exercised; but in general hospitals it is impossible to prevent much fraud of this kind, and I believe it to be more frequently than is commonly supposed.

Soldiers are more apt to feign defects about the period of their becoming entitled to a claim for a pension, on account of having completed certain periods of service, than at any other time, and men thus circumstanced require to be closely watched. Until lately, a fund existed in several of the heavy dragoon regiments, from which a man, who had subscribed to it for eighteen years, was entitled to receive an allowance of one shilling daily, provided he was discharged from the corps on account of impaired health. This pension acted as a premium for fraud; numerous and flagrant instances of imposition, many of which were successful, occurred in these corps; and on that account I believe the measure has been abandoned in all the regiments in which it was established.

It would, I believe, serve no useful purpose to attempt to draw up specific rules for detecting impostors. Each individual case will require to be considered by itself, in all its relations; and according to the conclusions formed, the subsequent measures must be regulated. In all doubtful cases, a medical officer ought to conduct the examina-

tion in a scientific manner, and to compare the result of his inquiries with his own knowledge of the disease in question, and the descriptions given by the best authors on the subject. The investigation may be conducted with reference to the causes, history, and symptoms of the patient's disability, and the effects of the medicines exhibited. Useful inferences may be likewise drawn from a man's character, his conduct in hospital, &c. We should also carefully endeavour to ascertain his motives. Even the countenance, gestures, and voice in a suspected case ought not to be overlooked. The leading requisites therefore of a medical officer, who has to encounter feigned disease, are an accurate acquaintance with the physiology and pathology of the human body, and an intimate knowledge of the duties and habits, good and bad qualities of soldiers.

In the great majority of instances, an impostor cannot long conceal his deception from a careful and experienced observer. Some tricks indeed are so plain as not to be capable of deluding a person unless he wishes to be deceived; such for instance as that of a recruit of the name of O'Donel, 39th regiment, who, upon joining the Cork depôt, after having been approved in the country, kept his hands clenched, and insisted that the defect had supervened during a fever, and that it was of several years standing, although the palm of his hand had a corneous hardness, evidently the result of recent hard labour. That variety of fraud, where a certain degree of disease or disability really exists, but which is aggravated by simulation, is infinitely more difficult of detection than where the defect is wholly pretended; and among old soldiers, complicated cases of this kind occur much oftener than those that are of a simple nature.

To estimate what degree of disease actually exists, and how much of the assumed disability is only pretended, is

often attended with considerable difficulty. In such cases truth and fraud are often intimately combined, forming a compound so fallacious as to render it almost impossible to disentangle the one from the other. Many of the invalids transferred from regiments to the general military hospitals at Chatham and Dublin are of this class. A conscientious medical officer, who happens to have detected a number of impostors, is frequently afraid he may be misled by his suspicions, so as to presume that real disease has little or no foundation; and in this respect the most cautious and best informed have been deceived in their conclusions*. A gentleman informed me, that when he was prosecuting his studies at Edinburgh, a man was admitted into the Royal Infirmary, and placed under the care of the late Dr. Gregory. After carefully examining his patient, the doctor was impressed with the opinion that the complaints were feigned, and, under the influence of this presumption, ordered an extensive blister to be applied to the abdomen, with the view of disgusting him with the hospital. By the next visit the man had expired. The doctor made no attempt to apologize for his misconception of the case; but, with the candour of a great mind, admitted that he had deceived himself by discrediting testimony, and took advantage of the opportunity to address the students

* "Even after the most dispassionate consideration, our conclusions will sometimes be erroneous, of which I could bring forward a multitude of instances. Affections of the brain, of the thorax, of the abdomen, diseases of the hip-joint, of which I have heard of several supposed at first to be feigned, eventually proving genuine, and leading to death or incurable disease. Such have shown me the propriety of proceeding regularly and deliberately in every case, how much soever appearances may be against any individual who has reported himself sick."—Dr. Cheyne's letter to Dr. Renny, Dublin Hospital Reports, vol. iv.

at some length, on the frequent uncertainty of the signs of health and disease. The greatest discretion is at all times required where presumption or probability, often the only evidence afforded by medical science, points one way, and testimony another. Incredulity may lead to erroneous conclusions, as well as great easiness of belief: cases sometimes occur where there is no great discredit in being imposed upon. Baron Percy, inspector general of the medical staff of the French army, who perhaps had more experience in the detection of feigned disease than any person ever possessed, admits that he was completely deceived in the case of a soldier, who affected not to be able to stand erect. This man walked with his back bent, and resisted for a whole year the repeated application of moxa, and "toutes sortes de mauvais traitemens*." Some simulators sustain their assumed disability with so much constancy and presence of mind, and seem to endure pain with so much patience, and evince so much anxiety to be cured, that one feels almost ashamed to discredit their testimony. Dr. Beck's opinion on this subject is by far too strongly stated. He says, "nothing can be more disgraceful than that a surgeon, one who is supposed to know the nature and symptoms of disease, should be deceived by an individual who feigns his maladies†." I never knew a medical officer, who had any considerable experience in the wiles of old soldiers, who would not readily admit that he had, at one time or other, been outwitted by their fallacious assumptions, and might be again deceived.

Malingers, even the most artful, are apt to overact their part, to assert that they suffer under an inconsistent

* Vide Dictionnaire des Sciences Medicales, article, "Contracture."

† Elements of Medical Jurisprudence, by Dr. Beck, page 28, English edition.

degree of uneasiness, and to enumerate incompatible symptoms. To encourage this disposition, and thereby to promote the detection of fraud, a medical officer should, as Dr. Cheyne recommends in his excellent letter to Dr. Renny, on the feigned diseases of soldiers, "not allow even flagrant imposition to deprive him of the command of his temper; he must listen to the most contradictory statement, not merely with patience, but without evincing the slightest distrust; in short, his manner must be the same to a soldier, labouring under strong suspicion of fraud, as it would be to the best man in the regiment*." Should he not trip spontaneously, he may be made to do so by asking him a few indirect questions. Unless he be remarkably well acquainted with the phenomena of disease, he can hardly avoid enumerating inconsistent symptoms: but it ought to be recollected, that many weak-minded people, suffering under real disease, are apt to fall into the same error.

There are various means that may be resorted to in doubtful cases; such as exhibiting some inert substance, to which great virtues may be attributed, and observing what report the person under trial makes of the effects in kind and degree. The influence of the imagination may, however, simulate the result of imposition. But, perhaps, there is no circumstance, which so commonly distinguishes truth from fraud, as the report a malingerer makes of his complaints. His pains and other symptoms of disease are rarely, if ever, alleviated; he almost invariably reports, that his complaints are either "worse," or "just the same." Now it is almost unnecessary to remark, that there is, perhaps, no chronic disease, which does not admit of well marked remissions.

Medical officers are occasionally induced to presume a

* Dublin Hospital Reports, vol. iv.

feigned disease is genuine when the general character of a man is good, and when they can discover no rational motive for imposition. Experience tells us, however, that these tests are by no means infallible, non-commissioned officers, and men of good character, sometimes feigning disabilities, as well-as young soldiers and incorrigible offenders. Many well conducted sergeants are extremely anxious to procure their discharge; more especially men who have some prospect of desirable employments in civil life. And with respect to our estimate of the motives of actions in others, we are constantly liable to error. The simulation of disease in some instances seems rather to be a consequence of insanity, than a rational attempt in a man to improve his future prospects. I recollect a private, belonging to the same regiment with myself, who for reasons known only to himself, divided the tendo-achillis of the right leg with a razor, and did every thing in his power to prevent its reunion. This man bore an excellent character, had served twenty-six years in the regular army, and been much on active service, so that he might have entertained a hope of obtaining his discharge with a good pension almost when he pleased.

In regimental hospitals a medical officer can very frequently procure much useful information from the hospital servants, and patients of good character, respecting cases where doubts are entertained of the genuineness of a disease. This is not however usually the case in general hospitals, and for causes which may be readily conjectured. I have been frankly told by orderlies in one of these establishments, that their life would be miserable if it were but suspected that they communicated privately with medical officers respecting the conduct of patients, and on that account they civilly declined promising to afford me their aid. It would be a great improvement to have a ward or two in all general hospitals, on the plan of a *panopticon*,

by which means a confidential person might occasionally observe what was going on, unseen by the patients. In some pretended cases of disease, as insanity, lameness, contractions, &c., impostors might frequently be much sooner detected by such a measure than in any other way.

Unless in cases of the greatest necessity, no suspected person ought to be transferred from a regimental to a general hospital. The reasons for this opinion are so evident, as not to require any illustration—malingerers are more frequently taught, than discovered and corrected in these establishments; consequently, every new comer, if his natural disposition harmonizes with that kind of instruction, is corrupted by the information he receives of the various modes of imposition.

But when a medical officer, after a due period of probation and close attention, presumes that an alleged disease or disability is feigned, it may be asked how is he to act? The man is not to be stigmatized in severe terms with the character of being an impostor, for, as Dr. Cheyne observes, such a method “although it may sometimes intimidate a raw soldier, will only afford a stronger motive to the hardened knave for perseverance; and if the opinion thus rashly pronounced should prove erroneous, the consequences may be very unhappy, the confidence of the soldier in his surgeon will be destroyed, and the latter will be subjected to the just displeasure of his military superior.” Even when a case is demonstrated to be feigned, harshness of manner is not commendable and ought to be avoided. Besides, a medical officer in a general hospital may give offence should it be inferred from his remarks, that feigned diseases are unusually frequent in a regiment. About five years ago a medical officer on the staff was arraigned before a court martial upon five charges, the substance of which is contained in the second, namely, “for having, in a most improper manner,

unbecoming his station in the army as ———, used opprobrious and disgraceful words, reflecting on the character of the ——— regiment, to the following effect, “that he had formed his opinion of ——— regiment; they were all schemers and malingerers.” He was very properly acquitted of all the charges, but the circumstance gave him much unmerited trouble and annoyance. The fact may however be useful as a warning to young medical officers, and it is with that view I have adverted to it.

If severe verbal remarks be either of no use, or sometimes followed by pernicious consequences, any more violent means of conviction would be still less advisable. The natural abhorrence of fraud, and the eclat which is supposed to attend the conviction of an impostor, may induce very well meaning officers to avowedly employ severe measures; however, it is a plan that never ought to be adopted. If a suspected patient possesses sufficient fortitude to support a rigorous trial without giving in, the medical officer who superintended it will be regarded with indignation, while the simulator is considered a martyr by his comrades. Every unsuccessful attempt makes a malingerer more determined to persist in his plan of impositions; and it is an undoubted fact, that many a simulator will not yield his point on account of any degree of physical pain, that can with propriety be inflicted. Dr. Cheyne relates the case of a man, “who pretended that he laboured under rheumatism; after persevering for four months bent nearly double, was at last tried by a court martial, convicted of malingering, and sentenced to receive three hundred lashes; one hundred and fifty were inflicted without effect, he obstinately declaring his utter inability to stand erect.” He gave in, however, on being ordered out to receive the remainder of his punishment, and became a good soldier.

That severe pain of the body will not influence some simulators to return to their duty, may be still farther evi-

denced by the circumstance, that the sufferings imposed by malingerers upon themselves are infinitely greater than any punishment a commanding officer would dare to inflict. A man named Fitzgerald, who belonged to the second battalion of the royals, while it was serving in India, asserted, that in consequence of an injury he received on his loins, he was unable to stand upright. For a period of eighteen months he kept his body bent forward, so that his hands, when the arms were allowed to hang downwards, reached to within about two inches of the ground. Every advisable measure was adopted for the purpose of inducing him to give in, and return to his duty, but all to no purpose. He held out until a communication from the Horse Guards was received, authorizing commanding officers to reinlist men, whose first period of service had expired, and to whom a bounty of sixteen guineas was to be given. This was the case with Fitzgerald; he recovered in the course of two days after the arrival of the communication had been announced, and presented himself for inspection, before the same medical officer under whose care he had all along been. Moral turpitude, not physical disability, prevented his being readmitted into the royals, but he eventually enlisted in the 25th dragoons, a corps which was then in India. Numerous other examples might be quoted, where men have voluntarily endured pain with all the fortitude of a martyr and the devotion of a Hindoo, for the purpose of obtaining their discharge. "For weeks or months many men have with surprising resolution sat and walked with their body bent double; some have continued to irritate sores in the leg, until the case became so bad as to require amputation of the limb; and many instances have occurred in military and naval hospitals of factitious complaints ending fatally*."

I believe it is admitted, even by the most experienced military medical officers, that notwithstanding every

* Dublin Hospital Reports, vol. iv.

care to draw a just induction from symptoms, we may in some cases form wrong conclusions. In no instance therefore should means be employed, for the purpose of exciting an assumed simulator to return to his duty, which we would regret adopting if the disease were to prove genuine. Restraint, and any measure that bears the character of punishment, is not only illegal, but generally inexpedient. But although physical pain, beyond that which may be occasioned by the remedies suitable for the alleged disease, if real, should not be inflicted, a medical officer may in many cases be warranted in endeavouring to produce some mental uneasiness—by absconding hope, exciting shame, and awakening a sentiment of fear. These means may be employed in a variety of ways; and he who can best apply them, either singly or combined, according to the situation in which he is placed, and the tempers and dispositions of individuals, will be most successful. The hopes of a simulator are commonly much chilled, when he learns, that the medical officer in whose charge he is to be placed is a man of ability, and particularly if report states that he has been fortunate in detecting schemers. A friend of mine has been very successful in extinguishing hope, and thereby inducing malingerers to return to their duty, by addressing them to the following effect, he having previously had them some time under his care. “I have carefully investigated every thing relating to the pains you complain of. You do not suffer so much uneasiness as you state. I perfectly comprehend your drift; you wish to be discharged from the service. The plan will not succeed. Take my advice, and get as fast well as you can. While you continue to complain of uneasiness and disability, it will be necessary to keep you on low diet: but as soon as I am informed that your health is improving, you shall have full diet, and it will be continued for a week or ten days, when you will be able to do your duty. I do not think your case requires the fur-

ther use of medicine.' Some individuals affect to be highly indignant at an insinuation of this kind: however, as no further notice is apparently taken of them, a great proportion accept the full diet, under an implied agreement that they are to return to their duty, and having no prospect of success in their scheme, they virtually give in. It is generally good policy to afford a malingerer an opportunity of retreating, or, to use the language of the military hospital, to *let him down softly*. In a number of instances it will be found prudent to appear to believe every word a patient says, and to tire him by hospital discipline, in fact, to obviate fraud by fraud. But the same measures which are beneficial in one case may not succeed in another, and therefore the means should be varied.

The sense of shame is sometimes excited by the seeming neglect of a medical officer, as also by the scorn and jests of the other patients, and when a surgeon has it in his power to avail himself of this aid he should not neglect it, provided he can regulate its agency.

The sentiment of fear is sometimes usefully excited by hinting the propriety of adopting some powerful or disagreeable means of recovery at a fixed period, should an abatement of the causes of disability not occur before that time. When the actual cautery has been talked of, all the symptoms of disease have disappeared before the period it was to be applied. With a similar view it may be useful to recommend a change to a hot climate, such as the coast of Africa. That this measure may have the best chance of success, the suggestion ought to be very formally pronounced; and perhaps it would be more effectual if it were made by a medical staff officer, rather than by the ordinary medical attendant.

Comparatively moderate uneasiness, when unexpectedly excited, has often led to the detection and consequent conviction of an impostor, where the infliction of very severe pain, avowedly imposed, would have been borne without

his seeming to feel it. A deserter from the 60th regiment was tried by a court martial, and sentenced to be transferred to the African corps. While in the provost prison, Dublin, he asserted that he had lost the power of using his inferior extremities. Both medical and moral means were tried in his case, but all in vain. He was sometimes suspended by the arms, in the hope of inducing him to support himself on his feet, without avail. After about fifteen months had elapsed he was transferred to the general hospital, where he eventually exhausted the endurance of the medical officer, and at last was confined in a solitary prison ward. One evening, a pupil attached to the hospital, who slept in a room immediately over the ward in which he was confined, thought he heard the sound of his feet in the act of walking. This sound was afterwards frequently heard; but although the pupil repeatedly endeavoured to discover him on foot he never succeeded. At last he thought of a plan for detecting the impostor, which he put in practice, after obtaining the sanction of the medical officers of the establishment. The plan consisted in rubbing the soles of the feet well over with *cowhage*, which was effected with impunity to the pupil, by means of the intervention of a doe-skin glove; the impostor of course not being informed of the nature of the substance applied to his feet. When the spiculæ of the cowhage began to irritate the skin, he was heard to get out of bed, and during great part of the night he was walking and groaning, on account of the teasing sensation occasioned by the application; he even attempted to make his escape by climbing up the chimney, but in this measure failed. Next morning he gave in, and said he was now able and willing to go wherever he might be ordered, and in a few days embarked for England on his way to Africa.

In some cases, the final part of the management of a malingerer becomes a trial of patience between him and his medical attendant. A medical officer should however

never if possible yield, nor allow his patience to be exhausted, for as Dr. Cheyne very properly observes, "every instance in which fictitious or fabricated disease escapes detection and punishment, becomes not merely a reward granted to fraud, but a premium held out to future imposition."

The following instance is a case in point, and it affords an example of the difficulty which sometimes occurs of convicting an impostor, even when the strongest presumption exists that his disabilities are feigned. Pat. Maguire, a native of Portumna, county Galway, enlisted into the Hon. East India Company's service early in the year 1824. After being a few months at the depôt, Chatham, he became suddenly affected with loss of power of the right leg and thigh. When standing he merely touched the ground with the toes, and upon attempting to walk the limb bent under him. He attributed this feebleness of the leg to a fall he received when descending the barrack stairs; but there was no moral evidence in support of his assertion regarding the fall, and the limb evinced no trace of disease or disability; so that from the first he was suspected of scheming. After being a few months under the care of Dr. Davies, he was transferred to Fort Pitt general hospital, where he continued for nearly a year, and underwent a great variety of treatment. Maguire's case must be in the recollection of many of the medical officers who were on duty in Chatham during the years 1824 and 1825. Although still presumed to be an impostor, he was, on the 13th August, 1825, brought before a medical board, who came to the following conclusion: "the board have carefully examined Pat. Maguire, and think that he simulates disease to a greater or less degree, but do not consider he is likely to be benefited by further treatment, and therefore recommend him to be discharged from the service."

The finding of this board not having been considered

satisfactory at the Horse Guards, he was examined by another medical board on the 28th September, who reported, that they "were of opinion that he (Pat. Maguire) laboured under chronic rheumatism of the right hip; and although they deemed the disease in a great degree simulated, were yet of opinion that he was unfit for the Company's service, and unlikely to be passed into the service again if discharged."

He was discharged on the 9th October, and in January 1827 he addressed a letter to Colonel Hay, commanding the Company's depôt, Chatham, stating that his health was in "a most deplorable situation," and applying for a pension in consequence of having been disabled in the service. In a few days after the date of this letter, he enlisted at Birr, in the 87th regiment, and was brought along with the other recruits from that part of the country to Dublin, where he was at first considered ineligible for the service, on account of the cicatrices of issues which had been established on his loins; but being a country recruit, he was referred to the final decision of a medical board, who approved him. He deserted from the depôt of the district on the 17th March. When Maguire was examined at Dublin, it was not known that he had been in the Company's service. On the 15th July of the same year, he, with the view of obtaining a pension, got himself examined at Nenagh by Dr. ——— assistant surgeon to the ——— regiment, who certified, that he was "disabled in consequence of an injury in the loins and right thigh, and that he was incapable of earning a livelihood from the above causes." It is hardly necessary to observe, that this case will afford a useful warning to young medical officers, with regard to the granting of certificates of disability. This document was transmitted to me by a friend of Maguire's, in the hope that I would promote his views, a circumstance which enabled me to ascertain the identity of the *invalid* from the Com-

pany's service and the deserter from the 87th regiment. A cue was also obtained as to where he resided, and measures were promptly taken by the recruiting parties, to seize him as a deserter, but without success. It may be observed, that Maguire was employed by a gentleman in the neighbourhood of Portumna, the same person who transmitted the certificate to Dublin, accompanied with a statement asserting, that, "from his own personal knowledge, he (Maguire) had not been able to do any thing for himself since he had been discharged." I think it is highly probable that the certificate granted in July was given at the request of Maguire's employer. It is supposed he has again enlisted, as he has not, since he first absconded, been seen by any of the recruiting parties on duty in the part of the country where he used to reside.

Should a malingerer persevere in the execution of his plan after the resources of a medical officer are exhausted, it may, in some cases, be advisable to threaten to report his conduct to the commanding officer, to be dealt with by him as may seem necessary; but this measure need not be carried into effect for a short period, or until he has had time to consider the subject. But if he still hold out, and the medical officer feels confident that the disability is purely feigned, he should be discharged from the hospital. It is not the surgeon's province to punish a man on account of fraud or neglect of duty, and he ought to be extremely scrupulous not to assume the function of the commanding officer in these respects.

The utility of attending to the subject of feigned diseases is, perhaps, not in general sufficiently appreciated. In civil life the simulation of infirmities is not unfrequent, and commonly with a fraudulent intention. To medical officers of the army and navy, more especially those who are employed in recruiting depôts and general hospitals, the study of feigned disease is indispensable. In proof of

this proposition one example may be particularly adduced, but many will appear in the subsequent remarks. During the year 1803, the medical charge of a regiment of militia in Ireland devolved upon a person unacquainted with the diseases of soldiers, and much less so with their malpractices. Several of the men, who discovered that they could easily impose upon him, reported themselves affected with incontinence of urine, and consequently incapable of performing their duty. This imposition extended to such a degree among the men, that numbers of them had their white breeches completely destroyed by urine, and the colonel declared to Deputy Inspector Comyne, who had gone to inspect the regiment, that he was thoroughly ashamed of the appearance of the corps on parade. The fraud was instantly detected by Dr. Comyne, and the progress of the epidemic arrested by ordering all those men, who had spoiled their clothes, to be marched to a lake morning and evening for the purpose of cold bathing.

The late Mr. John Bell did not consider the art of producing diseases unworthy the attention of medical men. He says, "A surgeon, though well skilled in his profession, would need to study how to swell the joints, waste the bones, blow up the parts, as the scrotum, or knee, or head, with wind; how to produce perpetual ulcers of all horrible forms; how to destroy the limbs by compression; how to produce sore eyes, perpetual vomiting of blood, passing of stones from the urethra, enormous flatulent swellings of the stomach, &c.*"

The chief purport of these remarks is to inculcate an attentive study of the peculiar symptoms and indications of individual cases. No man should be presumed an impostor until after careful examination and observation,

* Principles of Surgery, vol. i.

which in many cases will require a considerable period of time. The mistakes into which medical officers have fallen in this respect afford useful warnings, that ought to make a much stronger impression on the mind than the conviction of malingerers. In the following case incredulity was pushed much too far, and perhaps due care was not taken to investigate the symptoms. "A man complained of inability to move the shoulder joint without much pain, and yet nothing could be seen externally for a month or six weeks, during which period he was excused from duty. At length the surgeon got tired, and suspected that the man was *skulking*. He was ordered to duty, but came back, declaring he could not move his arm. He was reported to the commanding officer for counterfeiting inability, and was actually flogged, though very moderately. It turned out, however, that a deep-seated abscess had been forming in the shoulder joint, which ultimately terminated in complete ankylosis."—*Medico-Chirurgical Review* for December 1823, page 596. In doubtful cases a medical officer ought invariably to lean to the side of the patient. When a decision is likely to lead to corporal punishment, extreme care should be exercised.

The following catalogue of feigned infirmities will serve to illustrate the above remarks, and as these hints are chiefly intended for the perusal of gentlemen, who have just entered the medical department of the army, I have inserted disabilities, which persons of more experience of the diseases and habits of soldiers may consider unimportant. Young medical officers cannot be too careful to guard against being implicitly influenced by testimony, instead of scrupulously and patiently examining less doubtful evidence—the regularity or irregularity of the various functions of the body.

Intermittent Fever.—To evade duty, or to obtain a removal to a more desirable station, this disease is occa-

sionally pretended in countries where endemic fever prevails. The impostors commonly state, that the paroxysm supervenes during night, and the symptoms intermit as the morning advances. This variety of fever rarely comes on after 8 o'clock, P. M.; consequently an easy method is afforded of detecting suspicious cases by simply desiring a patient to send for his medical attendant on the access of a paroxysm, at whatever hour of the night that circumstance may occur. This plan has I know been very successful. A paroxysm of intermittent fever is sometimes simulated. Dr. Cheyne relates a case where he was called to see a patient in the General Hospital, who was stated to be in the cold stage of this fever. He found him, however, not in the *cold* but in a *sweating* stage, produced by his exertions. This man returned to his duty without making the slightest objection.

Continued Fever.—A condition of the system simulating fever is sometimes artificially produced, and the means employed are various. Swallowing a small quantity of tobacco quickens the pulse, and produces an appearance of general indisposition: a similar effect is produced by introducing it into the anus. Flour or chalk is employed to whiten the tongue. I saw a case at Fort Pitt, where the tongue was brown and dry; however, the line of demarcation between the exsiccated part and the clean healthy margin of the tongue was too well marked to escape observation. The means employed to brown the tongue I did not discover. The simulation of fever in this instance was practised apparently with the view of evading embarkation for India, but the scheme did not succeed.

Mr. Hutchison met with a case of feigned disease, where the tongue was covered with a coating of common brown soap*. The apparent bilious tinge of a coated tongue may be caused by chewing a little gingerbread.

* Practical Observations on Surgery, by A. C. Hutchison, Esq.

Swelled Legs, simulating phlegmonous inflammation, œdema, &c.—Mr. Jones, surgeon to the 58th regiment, gave me the following account of a case of excited swelled leg, that he had under his care. The man was a sergeant in the 10th foot, and on detachment at Waterford. Mr. Jones admitted him into hospital on account of seeming inflammation, and real swelling of his right leg, and the ordinary means were employed without success. At one time it was thought an abscess had formed in the leg, and Mr. Jones actually took the abscess lancet in his hand, with the view of making an opening into the cavity. Thinking, however, that the sense of fluctuation was not sufficiently well marked, he desisted. From the anomalous character of the affection, Mr. Jones began to suspect that it might be excited; and for the purpose of discovering the imposition, if it existed, he visited the hospital one evening, near midnight; he proceeded promptly to the sergeant's bed, turned off the bedclothes, and discovered the trace of a ligature round the thigh; for, notwithstanding Mr. Jones's expedition, the cord had been removed. By the succeeding morning the swelling had nearly disappeared. It may be observed, that the sergeant did not evince the slightest reluctance to the insertion of the abscess lancet, when Mr. Jones had it in his hand.

I have reason to think that a ligature round the thigh is sometimes employed to aggravate, if not to excite, varicose veins of the legs.

Inflammation of the Eyes.—This affection is very frequently excited by soldiers, and many of the methods employed are still undiscovered. The more common irritants used are muriate of mercury, muriate of soda, nitrate of silver, sulphate of copper, the gonorrhœal discharge, cantharides ointment, tobacco, a piece of woollen cloth, and quicklime. Where an acrid powder, as lime, is employed, it

commonly occasions a sloughy ulcer on the conjunctiva which lines the lower eyelid, and sometimes particles of the substance are found on this membrane. I once detected a patient in hospital for ophthalmia with a small portion of black muslin spread over the cornea of the right eye. This man had recently lost the power of vision in the left eye, probably the result of artificially excited inflammation. For a similar purpose nitric acid has been employed. A strong acid directly applied to the cornea suddenly occasions a slough, and sometimes vision is destroyed. Not long ago a case happened in the general military hospital of this city, where a sloughing ulcer on the cornea supervened in the course of a few hours, which was supposed to have been excited by means of an acid.

To excite disease of the palpebræ, the hairs of the ciliæ are extracted, and caustic applied to the place whence they have been withdrawn.

Amaurosis.—Blindness, without an apparent cause, is not an unfrequent disease in military hospitals; and there is sometimes reason to infer, that the loss of vision is only pretended. A dilated pupil and inactive iris (symptoms that commonly characterise this affection) are simulated by the application of the extract of belladonna, or hyosciamus, to the skin round the eye, and above two hundred conscripts in France succeeded by this means in being declared amaurotic. I have known dilated pupils and blindness temporarily produced by a small portion of the leaf of the *datura metel*, which was mixed with a man's food. In the instance to which I allude, the drug was nefariously exhibited for the purpose of depriving the man of his property; a design which unfortunately succeeded.

District surgeons are frequently much employed in examining the cases of individuals, who are or have been in the army or navy, and who claim pecuniary remuneration

on account of injuries received on service. This is commonly an important, sometimes a difficult duty; and in no specific defect is the difficulty greater, than when loss of vision is averred, without any material objective symptoms to corroborate the testimony of a claimant. Fraud we know is frequently attempted, and consequently we should be very guarded in our decisions; but while due care is taken to prevent imposition, the rights of individuals ought to be rigorously respected, to neglect which would be both inhuman and unjust.

There can be no doubt that vision is sometimes completely gone, in cases where mobility of the iris remains. When it is wished to ascertain whether the iris be sensible to light or not, a lighted candle may be brought from behind the head and held before the eyes. In complete and confirmed amaurosis of one eye, there is in general a want of consent in the expression of the countenance, and frequently a projection of the centre of the lucid cornea.

Since the 26th December, 1825, when the commissioners of Chelsea hospital ordered an addition to be made to the rates of pensions of such men as can produce certificates testifying that they labour under "total blindness, the effect of disability contracted on service," there has been a number of invalids at this depôt pretending total blindness, with the view of benefiting by the above regulation. Individuals who have totally lost the sight of one eye will sometimes appear for examination just after some irritating substance, as snuff, has been introduced into the other, evidently with the hope of thereby procuring the requisite certificate.

Short Sight.—This defect used to be frequently simulated in France, during the rigorous execution of the conscript laws. The fraud may in general be detected, or the real existence of the disease ascertained, by presenting a person with an open book, and placing the leaves close to the nose. But

the power of vision may be greatly impaired by wearing convex glasses, and with this view they were much employed. The number of conscripts that excited myopia in France during the late war became so great, that persons thus situated did not receive a total exemption from military service, they were employed as pioneers or hospital servants.

Strabismus.—Squinting is sometimes simulated, and from the custom of practising it often a habit is produced, and the defect becomes permanent. This affection should rarely cause a recruit to be considered unfit for service; it does not incapacitate for the practice of trades, in which the faculty of vision is particularly required, as watch-making, &c.

Chronic disease of the Liver.—This affection is frequently pretended; and as the real disease is often not characterized by definite symptoms, the fraud is difficult of detection. Men who have been long in the East or West Indies, can commonly enumerate the symptoms of hepatitis with great accuracy, some on account of having themselves suffered from the disease, and others from having heard their comrades describe it. In cases of this kind, where testimony is doubtful and physical evidence not satisfactory, a medical officer cannot use too much care to ascertain the real state of his patient, and until he has completely made up his mind on the case, very simple remedies should be employed. A recruit, having become tired of a military life, wished to obtain his discharge, and in furtherance of that end pretended he had a severe pain in his *left* side, at the same time stating that he had “liver.” Seeming to believe that this disease was of a grave nature, the recruit was confined to bed, and accommodated in a ward by himself, lest his sleep might be disturbed by the conversation of his comrades. He was kept on very reduced diet, and a solution of *antim. tart.* alternately with the

*mistura diabolica**, regularly exhibited. Under this discipline he held out for a month, and then recovered rapidly. Some time after he confessed the fraud, and swore if it had not been for his stupidity in locating the pain in his left side, the imposition would never have been discovered. He was mistaken, the imposition was evident from the first; but I am not aware that any other means would have made him sooner return to his duty. Every experienced medical officer will concur with Dr. Cheyne in his remarks regarding chronic hepatitis, where he says, "we ought never to put a malingerer under a course of mercury, as by the requisite stay in the hospital he will not only be enabled to mature his plans of villany, but his constitution will be thereby injured, if forced to return to his duty; after being salivated he will soon be again in hospital, asserting that the pain in his side returned as soon as his mouth got well; a new course of mercury will then be instituted, which is precisely what he wishes for."

Pain simulating rheumatism, lumbago, sciatica, &c.—The simulation of this class of infirmities is frequent, and detection of the imposition often difficult. The non-existence of uneasiness cannot be proved, and all must admit that a considerable degree of pain may be present, without a well-marked change in the external appearance. The imposition is perhaps more frequently discovered by the inconsistencies and contradictions a patient makes in the history of his complaint, than by diagnostic symptoms. Pain, whether it be in the external or internal parts, is commonly periodical, and it is generally aggravated towards evening. If a patient evinces great aversion to active means of cure, such as the actual cautery, or if

* This mixture consists of salts, infusion of tobacco, assafœtida, &c. &c.: it is commonly given in very small quantities at a time, but so frequently repeated as to keep the taste constantly in the mouth.

the remedies exhibited are reported not to have had the usual effects, there is some room for suspicion. In real rheumatism, there is commonly some puffiness of the affected part, and a certain degree of fever, and disorder of the digestive organs, with considerable alleviations of pain. Sometimes the remission of uneasiness seems to depend on the medicines employed, at other times on the condition of the weather. If the disease be of long standing, the limb becomes reduced, and the countenance expressive of debility, and general indisposition: the patient is generally found in bed, or moving about very leisurely. On the contrary in simulated rheumatism, there is no puffiness of the part, no fever, the appetite is good, the pain is never alleviated, let the weather be what it may, or let whatever medicines be employed; and if we surprise cases of this kind in hospital, they will frequently be found apparently at their ease and enjoying the amusements of their comrades. The simulator of rheumatism also generally complains much more than a person really suffering under the disease. But notwithstanding these apparently distinguishing marks between real and simulated rheumatism, the most eminent and attentive medical officers have been deceived in their diagnosis. Dr. Peile, deputy inspector of hospitals, had some time ago a negro soldier under his care, on account of chronic rheumatism, with contracted joints, who excited the greatest compassion and pity. He never moved without uttering violent expressions of excruciating suffering. Every remedial means which promised either to relieve or cure him were employed without success. At last he was discharged as incurable; and four days after this event took place, Dr. Peile saw him actively pursuing the avocation of a lamp-lighter. This man performed his part so dexterously, that the veracity of his testimony was never doubted.

This is perhaps the most frequent class of ailments as-

sumed by recruits to accomplish their rejection, and by old soldiers to obtain their discharge. They commonly think nothing more is required to render their defect plausible, than to affirm that they have pain in some part of the body, assume the aspect of suffering, and affect decrepitude or loss of power in the limbs or joints. The back, loins, and hips are the parts usually selected, the knee, ankle, and superior extremity less frequently. Soldiers are well aware, that to simulate such internal diseases as fits, spitting of blood, incontinence of urine, &c., with a reasonable chance of success, requires a knowledge of symptoms and sensations with which they are generally unacquainted; hence they are afraid of betraying themselves, and less frequently simulate this class of ailments. They seem to consider the constant use of a crutch or stick, and a ready submission to such remedies as blisters, issues, &c., as irresistible proof of the reality of their disease. Recruiting depôts and general hospitals furnish numerous examples of imposition of this kind, and the best directed management frequently fails in making them return to their duty as good soldiers. When the health is good, and the seat of the alleged pain unaffected by swelling or increased temperature, a medical officer will probably in nineteen of twenty cases be safe in concluding that no material disease exists.

In cases of simulated lumbago, where persons remained bent nearly double, Baron Percy was remarkably successful in his attempts to produce conviction by engaging them in an interesting conversation, while an assistant approached insidiously, and pricked them on the posteriors with a long needle. Mr. Bouchier, 36th regiment, had a suspected case of lumbago lately under his care, which had for a long time resisted all his remedial measures. He at last introduced a little tartar emetic into the man's food, which producing sickness and nausea, he began to think that he

had become really ill: he sent for a priest, and virtually gave in by promptly returning to his duty.

A malingerer, when he pretends that he suffers under internal pain, is not always easily and immediately detected. Pain in any of the different cavities of the body, as the head, thorax, and abdomen, is commonly accompanied with peculiar symptoms. But although much care be taken, an impostor will sometimes succeed in evading a temporary duty, by feigning internal uneasiness, such for instance as the following. A soldier was brought to his regimental hospital during the afternoon, complaining of severe pain of the abdomen; he screamed when the slightest pressure was applied to that part of the body. He was freely bled, and shortly after an anodyne draft was exhibited. There being some suspicion of the truth of this man's assertions, he was visited about midnight by the medical officer under whose care he was, who found him sound asleep. Pressure was applied to the abdomen, and after considerable kneading he awoke, still however he persisted in pretending that he could not bear the application of the hand to the lower belly. Tricks of this kind are sometimes attempted to elude an inspection of necessaries, or the performance of some particular duty, which a soldier happens to dislike. In a tropical climate, where the above case occurred, disease sometimes runs so rapid a course, that medical officers often deem it prudent to resort to curative means with more promptitude than in high latitudes, and consequently, when a man reports himself sick, time is not always afforded to examine moral evidence in doubtful affections.

Accident has in this as in many other feigned affections, frequently led to the detection of an impostor, long after every deliberate attempt for that purpose had been abandoned. A recruit of the 7th dragoon guards insisted that he was unable for drill, in consequence of pain in his right

side, which was so severe as to prevent him from moving without greatly aggravating the uneasiness. He had exhausted all the resources of medicine, without admitting that he received any benefit. While the other recruits were practising the sword exercise, and indeed at all drills on foot, he was obliged to appear properly dressed in the rear of the squad. One day after drill, the men were directed to practise leaping over a rope. While they were thus employed, the adjutant said to the recruit in question, Now, Crump, if you will jump over that line I will give you a shilling. Crump forgot his assumed defect, cleared the rope, and stood convicted. He became a very good dragoon.

Spitting of Blood is an indication of disease not unfrequently simulated. The means employed for this purpose are various; some covertly provide themselves with bullock's blood for the purpose of colouring the saliva; others make small incisions on the inside of the mouth; armenian bole and paint composed of vermilion have also been used. Pricking the arm and sucking the blood is another means to which simulators of this affection resort. To detect an impostor who feigns hæmoptysis, all that is commonly required is to examine the contents of the spitting pot. Blood from the lungs is florid, and coagulated in smaller or larger portions; but when the appearance of disease is feigned, the red-coloured substance is intimately mixed with saliva.

Vomiting of Blood.—This affection is simulated by first swallowing blood, and subsequently ejecting it. A case of this kind happened not long since in the 46th regiment, and the man thereby effected his discharge from the service. He found means to get blood conveyed to him in the regimental hospital at intervals suiting his purpose. The blood, which was swallowed a little before the morning visit, excited nausea, generally accompanied with vomiting. After having procured his discharge, he in-

formed his comrades by what means he had simulated the hemorrhagic affection.

Pectoral Complaints.—Consumption is not unfrequently feigned by men, desirous of procuring their discharge, and I believe sometimes with complete success. Dr. Cheyne very graphically describes some of the tricks of a simulator of phthisis. “He expresses a wish to be let blood, or blistered, for a pain in his chest, begs for some medicine to relieve his cough, applies for a furlough; in short, so well does he act his part, that unless the surgeon is very circumspect, he will discover when too late that he has been made a dupe of.” But impostors are not always content with merely pretending disease, a more complicated system of fraud is sometimes attempted. Emaciation is excited by abstinence and drinking vinegar, cough and hoarseness are affected, debility pretended, and a puriform expectoration is easily obtained from the spitting pot of a patient, really labouring under consumption. Many impostors are sufficient adepts in the art of deranging the functions of the body, to be able to simulate hectic fever by artificially quickening the pulse, so that all the leading symptoms of phthisis are more or less completely feigned. Chronic catarrh is often the groundwork upon which a case of fictitious consumption is founded. When the patient is in hospital, the expectoration is regularly shown to the medical attendant; and to increase the quantity it is mixed with saliva and mucus from the nose; sometimes by borrowing from another individual. It is often tinged with blood, which is commonly produced by pricking the gums. In cases of this kind the breathing is generally quick, and there are always complaints of pain in the chest and disturbed rest from cough.

There can be little doubt that individuals occasionally qualify themselves to carry on a scheme of imposition by the perusal of medical books. Patients in general hospitals commonly evince an excessive anxiety to study case books,

and avail themselves of every opportunity that offers to acquire information by that means. The rapid recoveries which take place in some men shortly after they are discharged on account of pectoral complaints, is often surprising, and tend to raise doubts respecting the real existence of disease.

Among the numerous instances of old soldiers, who re-enlist at this depôt, I have examined some that had been discharged at Chelsea only a few weeks or months previously on account of consumption, as stated in their "discharge," or "instructions," and who certainly had when I saw them no external character of this or any other disease. When discharged men wish to re-enlist, they commonly conceal and frequently deny that they had been formerly in the service. Sometimes they are detected by the remains of a part of the uniform; at other times by their gait or manner; but I have no doubt that a number of such cases are approved without being discovered.

Diarrhœa. Dysentery.—Bowel complaints are occasionally pretended by recruits, when they wish to avoid leaving a district depôt to join their corps. The fraud is easily detected by inspecting their linen; if it be clean, we may infer that the bowels are not much out of order. In countries where dysentery is prevalent, as in India, bowel complaints are often pretended as a pretext for evading duty. To obviate this source of imposition, every suspected case should be furnished with a close-stool for his own use, and the evacuations inspected. Care must be taken, however, that a patient really suffering under this disease shall not lend his aid to promote the fraud. But we learn from Mr. Hutchison, that bowel complaints were excited in the naval hospitals for the purpose of invaliding. The means employed were a mixture of vinegar and burnt cork, by which some fine young men destroyed themselves. He likewise informs us, that a solution of the sulphate of iron is sometimes used for a similar purpose, by convicts who are employed as shoemakers; they swallow the fluid fur-

nished to blacken the leather*. For temporary purposes, slight dysenteric symptoms are sometimes excited by introducing irritating suppositories into the rectum. In civil life, I have known coagulated bullock's blood exhibited in a chamber utensil to the physician of a dispensary, for the purpose of obtaining a certificate of ill health, and consequently a ration of soup from a public soup kitchen.

Paralysis.—The loss of the power of the superior or inferior extremities is sometimes pretended, and the fraud is not always easily detected. Mr. Jones, surgeon of the 58th foot, but formerly of the 44th regiment, gave me an account of a case of feigned palsy, which happened in a private of the latter corps. The man in question stated that he had fallen asleep in the open air, and that when he awoke, he found he had lost all command over the right arm. Mr. Jones soon satisfied himself that the affection was feigned, and reported his opinion of the conduct of the impostor to the commanding officer of the regiment, who ordered him to be tried by a court martial. He was sentenced to receive three hundred lashes, which, owing to particular circumstances, were not inflicted. Shortly after the sitting of the court martial, he was transferred to the general hospital, Dublin, and placed under the care of Dr. Cheyne, from whose account of the case I will take the liberty of making the following extract. “After due consideration, I concurred in the opinion of the surgeon that this man was an impostor, and prevented him from being discharged. I tried various remedies, and among the rest sharp shocks of electricity, which he bore with great resolution. At last, finding that he made no impression upon me, and that my report would be an unfavourable one, he *gave in*. We came to this compromise, he agreed to return to his duty, and I undertook to use my influence in preserving him from punishment. Those

* Practical Observations on Surgery, by A. C. Hutchison, Esq.

who simulate palsy and rheumatism, more frequently yield to the electric shock than to any other remedy." This man rejoined the regiment, and made several other unsuccessful attempts to feign disabilities, probably with the view of avoiding embarkation for India. Determined, however, to effectually disqualify himself for the service, he placed his right hand before the wheel of a baggage waggon, while in motion on the public street of Cbatham, by which means several of the bones of the hand were fractured. He was again foiled; he accompanied his regiment to India, and the functions of the hand became so far restored as to enable him to perform the usual duties of a soldier.

Very simple means have sometimes been influential in detecting an impostor, and fraud has been discovered where its existence was hardly suspected. During the late war, when troops were often suddenly moved, a number of the sick was sometimes transferred to the charge of the surgeon of the relieving corps. Under these circumstances, a few cases fell under the care of Dr. Barrie, surgeon to the Renfrew militia, while this regiment was quartered at Bristol. Among them was a private of a cavalry corps, who asserted that he had lost the power of both arms: he had been long in hospital, and treated successively by a number of medical officers, upon the presumption that the defect was genuine. He was fed, dressed, and undressed by an orderly, and each superior extremity hung like a pendulum by his side. Upon examining the arms, they were found to be extenuated, and considerably softer than natural. The doctor was however not quite satisfied with regard to the apparent loss of power of the arms, and consequently delayed to make up his mind on the case. While he was from time to time investigating the symptoms, it appears to have struck a half-witted fellow, who was in hospital more for the purpose of keeping him out of harm's way than on account of disease, that

doubts were entertained respecting the man's disability; for one morning the doctor was addressed by the idiot as follows: "Do you think —— has lost the power of his arms? I ask this question, because I saw him yesterday in the necessary, where he used them as well as I did mine!" The impostor denied the statement, and persisted in averring his complete loss of voluntary power of the arms. He was soon after brought to the notice of the staff surgeon of the district, who recognised him as an old offender, and one who had served in the same regiment with himself. Finding that no hope now existed of the success of his scheme, he gave in; and when Dr. Barrie next visited the hospital, he found his paralytic patient scrubbing the floor of one of the wards.

Perhaps few impostors have displayed more fortitude than a private belonging to the 10th regiment, while it was on duty in the Mediterranean. This man pretended that he had lost the power of his inferior extremities, and for a period of about two years endured all that medical skill and suspicion of his testimony could suggest, with the view of enabling or forcing him to return to his duty. Before recommending him to be invalided, his medical attendant submitted him to the following trial: he was confined in a small room, and a shelf well stored with provisions suspended over his head, which he could easily reach by merely standing upon his legs, but not otherwise. At the end of forty-eight hours the food remaining untouched, it was not considered advisable to prolong the experiment. He was then included in the list of invalids, and put on board a transport bound for England. While in the harbour, an alarm was given, about midnight, that the ship was on fire: every one hurried into a boat alongside: after reaching the quay, the passengers were mustered, and it was found that the paralytic invalid had not only succeeded in saving himself, but also his trunk and clothes. He was remanded to the ranks.

A similar case may be mentioned. Private Byrne, 27th regiment, was admitted into the general hospital, Dublin, in consequence of syphilis. The ulcers soon healed, but during recovery it was with difficulty that he could be prevailed upon to leave his bed, in consequence, as he stated, of having lost the use of his inferior extremities. He was requested to use crutches, and thereby to lend his aid to restore the power of his limbs, but all to no purpose. He moved from one part of the ward to another, by pushing himself forward on his breech, with his hands, and sometimes the other patients used to carry him on their backs, particularly when he wished to be brought to the open air. In this manner he went on for about a year. The surgeon of the hospital at last considered that Byrne was a schemer, and determined to send him to the depôt of his regiment, which was at that time in England. He was discharged from the hospital, and carried on board ship. The staff sergeant, who conducted the party of which Byrne was one, conveyed a letter from the surgeon to the commanding officer of the depôt, stating, that he believed Byrne possessed the full use of his limbs, and that the apparent disability was feigned. This letter was read to the party by the adjutant, who informed Byrne, that from what he knew of his former character and the surgeon's report, he was thoroughly convinced that he was an impostor; he concluded his address, by recommending him to do his duty; and gave orders that he should be next day employed to carry a load of potatoes of nearly a hundred weight from a distant garden to the barracks, for the men's mess. This task he performed, to the surprise of all his comrades. He soon after embarked for the Peninsula, where he deserted, and was never again heard of.

It is surprising how long a part of the body may be kept in a state of inactivity without much diminution of muscular power. Two cases happened some time ago in this city, strikingly illustrative of this circumstance. A soldier

asserted that he had nearly lost all power over the inferior extremities, in consequence, as he stated, of a hurt received on the loins. Active means were employed; and as he was from the commencement suspected of being an impostor, the measures were long continued. The patience of the medical officer who attended him became exhausted, and he was eventually recommended to be discharged. The day he was to receive his discharge, he crawled on crutches to the office where it was to be given him. Having obtained the document, he begged one of the officers of the establishment to read it to him, which he did twice. After satisfying himself that the discharge was properly made out, he first deliberately threw away one crutch, then another, and darted forward, overturning two men who happened to be before him, and finally disappeared, springing over a car with a water cask on it which stood in his way. During the late war, a man belonging to the Cavan militia, was, in consequence of assumed weakness of the inferior extremities, kept in his regimental and the general hospital of this city for two or three years, and almost the whole of this period he never moved without crutches. He was at last discharged. The day after he received his balance of pay, he had himself driven in a car to the Phoenix park, where the Cavan militia was at exercise. Upon approaching the corps, he laid aside his crutches and advanced in front of the line; he then bounded like a deer for some time before the regiment, and after slapping his breech, scampered off as fast as he could. The object of some impostors appears to be incomplete, until they make it known to all their comrades, that they have obtained their discharge entirely by a deliberate system of deception.

There are perhaps few diseases that exhibit in their causes and symptoms greater varieties than paralysis. In some instances, the sensibility of a limb is more affected than its mobility, and *vice versa*. Palsy is not always well

marked by external characters; hence a soldier, who feigns this disease, is perhaps more frequently detected by the inconsistent account he gives of the origin and symptoms of the assumed complaint than by other means. An incongruous relation of the cause of a disease is not however invariably a proof that the statement is false. Instances sometimes occur, where it must be very difficult to discover whether an allegation of the loss of the power of a limb be strictly true or not. The cause of real disease is sometimes apparently very improbable. Not long since a young lady, turning the corner of a street in this city, came suddenly in contact with a number of boys wearing hideous masks; she was excessively alarmed, and instantly sunk to the ground. Her inferior extremities remained so paralyzed, that she could not walk for a period of nine months. Adults are, I believe, sometimes, although but rarely, liable to palsy of some of the extremities, apparently from an inflammatory affection resembling rheumatism.

Palsy is occasionally pretended by invalids, who wish to procure an addition to their pension. While examining one lately, who stated that his right leg was paralytic, I desired him to stand upon his left foot, and push forward his right leg, this he asserted was beyond his power. I then desired him to stand upon the right, and push out the left, a motion which he performed instantly. He did not recollect, that the force exerted in this experiment was chiefly by the quiescent extremity.

When the limb is apparently sound, and neither unusually soft nor materially extenuated, Baron Percy recommends a trial to be made of the actual cautery; observing, that if the affection be real, this treatment may be advantageous; and although simulators often evince considerable fortitude, they have, for the most part, great reluctance to the application of caloric in this manner.

Paralysis of the Superior Palpebræ.—I never saw

this affection feigned but once, and the impostor was a sepoy belonging to the 2d Ceylon regiment. The muscular resistance which accompanied every attempt to raise the eyelids proved satisfactorily that the affection was simulated. He held out but a very short time.

Wry Neck.—Recruits under examination occasionally simulate a permanent contraction of the flexor muscles of the right or left side of the neck, although rarely with much art. An obliquity of this kind has been feigned by old soldiers, with the view of procuring their discharge. Daniel Kerr, a private in the 75th regiment, while stationed at Corfu, averred that he had wry neck; and as the head had remained in an oblique position for a long period, he was about to be discharged. Immediately before this was to take place he got drunk, and was confined in the guard room; he did not, however, on this account lose self-possession, until in consequence of a scuffle among the prisoners, he was struck by one of his companions, when in his eagerness to resent the affront he completely forgot his assumed defect. He continued in the regiment for a number of years, and was a tolerably good soldier.

Palpitation.—Both external and internal means have been employed to excite this affection. By means of tight ligatures round the neck and upper part of the arms, the circulation has been greatly disturbed, and the intention of simulators nearly effected.

Palpitation of the heart became epidemic among the men of the marine artillery in 1821 or 1822, and, if I am rightly informed, it was very prevalent in a regiment of the line about the same time, whereby a number of men were invalided. Dr. Quarrier, surgeon to the marine artillery, informed me, that when the affection appeared in this corps, it was for a considerable time attributed to hard drill at the great guns, and subsequent exposure to currents of cold air. In the course of time, however, the

epidemic extended to some of the seamen, who were accommodated in the same hospital (Haslar) with the marines. Suspicions were eventually entertained that the affection was artificially excited, but it was long before the medical officers were able to ascertain the nature of the means employed. The secret was at last discovered by the confession of a man who had himself excited disease, and consequent irregularity of the heart; the drug employed was found to be the powder of *veratrum album*. The ordinary dose was about ten or twelve grains, or as much as could be raised upon a sixpence, which was repeated so as to occasion general indisposition, and undue action of the heart. Large, or frequently repeated moderate doses occasioned distressing headach, nausea, vomiting, and sometimes violent purging. In some instances abdominal pulsation was the chief symptom of disease. The practice of thus exciting disease was introduced into the corps by a private that had formerly been servant to a veterinary surgeon, who employed him in compounding medicines. This man used to furnish his comrades with a dose of the powder for about three pence; but if he told them the name of the drug, so as to enable them to purchase it at a druggist's, he charged 3s. 6d. The epidemic ceased, both among the marines and seamen, soon after the exciting cause of the affection was discovered; but before that event some persons were discharged on account of disordered circulation, who were afterwards found efficient soldiers in other corps.

In November 1823 there were three suspicious cases of this affection in Fort Pitt hospital, belonging to the 12th regiment. They were stripped naked, and removed to a ward where they were carefully secluded from external communication. After the lapse of a period of about six or seven days, they applied to be permitted to return to

their duty, and, upon investigation, it was found that all undue action of the heart had ceased.

Impediment of Speech.—Simulators of this defect commonly state that it is congenital, but the more artful ascribe it to a fit of apoplexy, or a severe fever. Where the organs of speech were perfect, and the moral evidence of the previous existence of the infirmity not satisfactory, the French authorities used to confine alleged stammerers, and deprive them of food until they called for it without any hesitation of speech.

During the winter of 1826-7, a sentry, while on duty at a post in the garrison of Chatham, became affected with an impediment of speech, which was considered an involuntary defect by the medical officers of the general hospital, Fort Pitt, and the man was discharged from the service. Shortly after another sentry on the same post as the former became similarly affected; his impediment was presumed to be simulated. While under medical treatment he deserted, and after some time was taken and brought back to his corps. His utterance was still indistinct: electricity, shower baths, and various other medical means, were employed in vain. Some of the medical officers who carefully watched this case were of opinion, that although the defect might have been originally feigned, it had become by practice involuntary. The final result of the case I have not learned.

Hesitation, like other modes of speech, is said to be sometimes caught by insensible imitation, as in the case of children; it is also occasionally acquired by mimicry, although I should presume but rarely in persons of adult age.

Epilepsy.—This disease is not unfrequently pretended by recruits at secondary examinations. One mode of attempting to deceive is to appear at the inspection-room

with a *Gospel** suspended round the neck, which is alleged to be worn as a spell or charm for the purpose of preventing a paroxysm of the "blessed sickness" (epilepsy), a disease to which he has been long liable. Sometimes the relations of a recruit wait upon the district surgeon, and inform him that he is frequently subject to "falling sickness," or labours under some other incurable complaint. These statements pass of course unheeded, although they may be true, a liability to epilepsy not being characterized by any external marks, by which it can be recognized. Dumas, in a work on Chronic Diseases, states, that, in constitutional epileptics, the facial angle is always under 80, and recedes from that to 70. But the science of mathematics has hitherto done little in contributing to a correct diagnosis of disease, and perhaps as little in epilepsy as in any other. It may be observed, that real epileptics are unwilling to speak of their complaint; and, if the subject be forced upon them, they are apt to give the symptoms a different name, by which means they attempt to deceive others, and are perhaps deceived themselves. Both young and old soldiers sometimes simulate a paroxysm of this disease, with the view of obtaining their discharge; and it is of some importance to be able to distinguish a real from a feigned attack.

No dependence can in general be placed upon the testimony of a soldier in regard to the origin and duration of this disease, or the account he gives of the sensations which precede or follow a paroxysm. Our conclusions must therefore be chiefly drawn from external symptoms; in a great many instances the deception in a feigned paroxysm is easily discovered, but cases sometimes occur where the symptoms are simulated with so much art, and

* A Gospel consists of a verse of one of the books of the New Testament, enclosed in a piece of cloth.

the schemer endures irritating applications with so much fortitude, that it is difficult to detect the imposture. Some individuals have undergone extremely rigorous trials, even the application of the actual cautery, without flinching, and the most cautious medical officers have been deceived. There was a soldier of the 91st regiment, who in consequence of misconduct had been sentenced by a court martial to receive corporal punishment. Upon being brought to the triangles to receive his punishment, he feigned a paroxysm of epilepsy so effectually as to deceive the medical officer. A similar supervention of contortions and violent gestures occurred the second time he was paraded for punishment, and with equal success. He was brought out a third time, and again the same plan of deception was tried. The medical officer, presuming that the fits were brought on by the passion of fear, was proceeding to the commanding officer, to state that the man was then and perhaps would be at any other time unable to receive punishment, when he happened to look behind him, and saw the eye of the patient watching his motions. This led to his detection, and he received his punishment instantly.

In a feigned paroxysm of epilepsy the contortions of different parts of the body do not always come on simultaneously. When the hands are forced open they are quickly shut again; whereas in the real disease they often remain expanded, and as inflexible as a piece of wood. Foam at the mouth is commonly occasioned by keeping a piece of soap between the teeth; and in all doubtful cases the mouth should be examined, which is easily done by pressing the cheeks against the grinder teeth, and shutting the nostrils. An impostor can readily simulate a number of voluntary symptoms, such as violent muscular movements, rolling of the eyes, sighing, suppressed cries, &c. If narrowly watched he will be found to open his eyes occasionally, for the purpose of observing what effect his

tricks have upon the bystanders, and a rapid recovery commonly occurs, when it is proposed to apply the actual cautery, or any other violent remedy, thereby showing that the sense of hearing is not impaired.

Feigned epilepsy generally supervenes at more regular periods than the real disease, and frequently at a time when a medical officer is likely to be in the way, apparently for the purpose of being seen. Vaidy, a medical officer in the French army, convinced himself by moral evidence that a case of epilepsy was feigned. He told a young soldier, who had been admitted into hospital on account of epilepsy, that the real disease always came on in the morning. The man swallowed the bait, and from that time the paroxysm invariably supervened before noon. He was soon ordered to join his regiment.

A paroxysm of real epilepsy is generally distinguished by swelling and lividity of the face, irregularity of the pulse, an invincible and general contraction of the muscles, great distortion of the face, with froth at the mouth and gnashing of the teeth, the tongue being frequently bitten; by the thumb being grasped in the hand; by discharges of feces, urine, or semen; and by the paroxysm ending in profound sleep, followed by prolonged lassitude. But an insensibility to the approach or application of irritating substances is the most decided proof that can be obtained, for during a paroxysm of real epilepsy, sensation is totally suspended: hence, if any evidence of feeling can be excited by stimulants, it may generally be inferred that the disease is feigned. The agents commonly recommended for this purpose are various, but chiefly two; the access of a strong light to the eye, and the application of the vapour of hartshorn to the nose. The first of these tests is not satisfactory, for neither in a real nor in a simulated paroxysm are we commonly able to employ it so as to resolve our doubts, on account of the struggles of the patient; but

besides this impediment, there is a remarkable variety in the mobility of the irides of different individuals in health, some being scarcely affected by an increase of light, and others very much. The result of the application of the second is also inconclusive, for individuals are not invariably much affected by inhaling the vapour of hartshorn. Blowing Scotch snuff up the nostrils with a quill, is an effectual means of rousing suppressed sensation. In more than one instance I have succeeded in abruptly terminating an apparent epileptic paroxysm, by dipping the end of a flannel bandage, rolled up, in boiling water, and then applying it to the side of the patient. As the usual recurrence of the paroxysm in these cases was arrested, it was presumed that the disease was feigned. The flannel bandage, applied in the above manner, is a convenient mode of suddenly exciting vesication. Dr. Cheyne recommends introducing a portion of spirits into the eye as a most effectual method of exposing a simulator of epilepsy. The oil of turpentine has been employed in a similar manner: tickling the nose with a feather is sometimes sufficiently effectual. To rouse from comatose and faintish states of the system, the natives of India introduce into the eye a little of the expressed juice of a pod of Cayenne pepper. Pressure on the præcordium, so as to interrupt the function of respiration, has been recommended for abbreviating an epileptic paroxysm. Pouring a very small stream of water on the face of a person feigning a convulsive paroxysm, has been successful, not only in cutting short a fit, but in preventing a recurrence of the imposture*. Should doubts

* Mr. O'Reilly, surgeon to the 65th regiment, informed me, that one of the men of that corps was occasionally affected with fits, which were presumed to be simulated. He was attacked one evening in hospital, when Mr. O'Reilly put his hand on the man's chest, apparently to ascertain whether or not the heart was pulsating, and after a short period he said to the hospital sergeant, "It is now all

remain after the use of these tests, the actual cautery may be proposed in the hearing of the patient, and, if deemed necessary, exhibited to view.

But it should be recollected, that spasmodic diseases frequently run into each other, and that patients may be admitted into the hospitals under the head epilepsy, although the external characters of their disease are considerably different from those which commonly distinguish that frightful malady. I have myself seen a case where the leading symptoms were, a periodic suspension of sensibility and voluntary power, spastic rigidity of the muscles and inflexibility of the body; the paroxysm supervened daily at nearly the same hour, and usually lasted about four minutes; the patient retained no recollection of the supervention of the fit, or of any train of ideas occurring during the suspension of sensibility. I recollect having another case under my care, in some respects similar, where a certain degree of consciousness and perception remained during the paroxysm. There was an instance lately in the general hospital here, where the person affected appeared to be in a deep sleep during the fit, and had no knowledge of its occurrence until informed of it by the bystanders. Cases also are on record, where the disease was so mild as not to render it necessary for a patient to sit down during a paroxysm, and where the leading symptom, an uneasiness in the head, did not last above a few minutes. These varieties of the disease are not likely to be feigned. It may however be mentioned, that some men have qualified themselves for simulating a paroxysm of epilepsy, by the perusal of works descriptive of that disease: this was confessed in the case of a man, who, in addition to the usual gestures and contortions of feigned epileptics, excited over: carry the body to the dead-house." The man almost immediately started on his feet, and said he was quite well. He has not since been attacked with fits.

hæmorrhage from the nose by friction on the ground, discharged his urine, and grasped the thumbs in his hands.

When men are discharged on account of chronic headache, epilepsy, or other obscure affections of the head, it is of importance to adopt some means to prevent their re-admission into the army. This intention may in general be effected by establishing a caustic issue, introducing a seton in the neck, and allowing it to remain for some time, so as to produce a conspicuous cicatrix, or by cupping on the nape of the neck. A seton is objectionable, on account of the cicatrix being sometimes scarcely perceptible, or not distinguishable from the traces of small abscesses. Cupping is in several respects preferable to either caustic issues or setons: the effect is immediately produced, and if crossed, the cicatrices are sufficiently conspicuous. It has another advantage, in being not liable to excite erysipelas. Similar means may be adopted in cases where men are discharged on account of disease of some of the viscera of the thorax and abdomen, as dyspnoea, hepatitis, &c. &c. Schemers, and men who make a trade of enlisting in different corps, dislike being permanently marked; but when cupping is performed immediately over the viscus presumed to be diseased, and avowedly as a remedial measure, their objections are easily obviated*.

* Since last February or March a number of profligate characters have been "discharged from the army, with every mark of ignominy and disgrace." A description of each individual is transmitted to the recruiting depôts, &c. &c. in order to guard against an attempt, on his part, to be again received into the service. To render this measure effectual, it is essentially necessary that a delinquent should bear some artificial physical mark,—as traces of punishment, indicative of moral depravity, or the cicatrices of issues, setons, or cupping, showing that he had suffered under a bodily disease. Abandoned profligates of this kind never, or rarely, enlist twice under the same name.

Vomiting.—Some persons have the voluntary power of expelling the contents of the stomach by pressure on the abdomen, others by swallowing air, and perhaps by other expedients. Those who can at will evacuate their food appear in general to have received that faculty from nature: in some it seems to have been acquired by habit.

I have seen but one case of vomiting excited for the purpose of evading duty, and the man soon gave in, upon its being hinted to him that severe remedial measures would be adopted, if the symptoms did not abate. Dr. Cheyne, in his letter to Dr. Renny, gives an account of two cases of vomiting he had under his care at the general hospital, and has the candour to state, that in neither of them did he form a correct judgment: as he observes, “they will exemplify the twofold danger we incur, of being deceived by the guilty, and of unjustly suspecting the innocent.” The subject of one was a serjeant, a young man of excellent character, who was admitted for a complaint in his stomach, under which he had been suffering for two or three years. He had the appearance of ill health, his aspect being pale and delicate. Eventually he was discharged, and in about a fortnight afterwards, Dr. Cheyne met him in the vigour of health. The doctor thinks “he probably swallowed small quantities of tobacco juice, or introduced a portion of that herb into the rectum, by which he caused a delicacy of appearance.” The other was a recruit; and as men recently enlisted are more apt to feign disabilities than drilled soldiers, they are frequently suspected of pretending disease, or at least of magnifying their petty ailments, which was the case with the young man in question. He was admitted on account of a complaint similar to that of the serjeant: he was not emaciated, but his skin appeared dirty and opaque, and his pulse was slow. Although considered a malingerer, he was not treated with any severity. He died, and his body was examined: “the stomach was

found extensively diseased, the mucous membrane being everywhere varicose and pulpy."

Intellectual Weakness, Alienation of Mind, &c. — Mental weakness is sometimes dissimulated by recruits, if that can be called dissimulation, where an individual, to whom nature has not been liberal in the intellectual qualities, enlists for the purpose of procuring a livelihood. Examples occasionally occur, where a man enlists, and after a few months have elapsed it is found, that he cannot be made to acquire any tolerable proficiency in the performance of military exercise, or even to keep himself and his accoutrements clean. He is perhaps discharged; but scarcely has he received his dismissal from one corps, when he enlists in another; so that by this means many a half-witted fellow succeeds in procuring a subsistence for a series of years. Last year a recruit, named Timothy Regan, was discharged from the Company's service, at Chatham, in consequence of weakness of intellect. A few months after he was brought before a medical board, at Fort Pitt, for the same defect, he being then a recruit in one of the regiments of the line. It was then discovered that he had in a very short time received six bounties. He persisted for a short period in denying, with great effrontery, that he had enlisted repeatedly; but he at last admitted the charge, and endeavoured to pass the whole business off as a good joke. He was finally ordered to join the 57th regiment, one of the corps in which he had enlisted. Cases similar to this are not unfrequent at recruiting depôts. The want of apprehension in persons of weak mind is frequently much greater on some topics than on others; so that a man may appear not remarkably defective in intellect, when discussing subjects with which he is acquainted, although he is incapable of becoming a good soldier, and would not be approved if the inferiority of his mind was apparent; but this cannot always be discovered

during the probation of a few minutes. The weakness of a man's intellect is frequently first detected by his comrades in the barrack-room. A circumstance in some respects similar occurs, where a man who is liable to intermitting insanity enlists during a sane period. His ineligibility may however be much more difficult to detect; and on that account men, who have been discharged from the army on account of this defect, and who re-enlist, are sometimes approved. I am not aware of any means by which the approval of recruits labouring under such disabilities can always be obviated, but it may be useful for young medical officers to know in what respects they are liable to be deceived, in this as in other defects, with the view of showing the propriety of not overlooking the manifestations of mind, more than the physical proportions and efficiency of a recruit.

Mental alienation is sometimes simulated by soldiers and we are informed from high authority*, that no disease is more easily feigned or more difficult of detection. This observation can, I presume, be intended to apply only to inferior degrees of diseased mind, and not to maniacal paroxysms. That defect of the understanding which may be denominated irrationality, is perhaps more frequently feigned than any other variety of mental alienation; and when artfully simulated, persons not practically acquainted with the phenomena of disordered intellect may and have been deceived.

A medical officer can never exercise too much caution in giving an opinion in doubtful cases of mental disorder, more especially when that opinion may involve a breach of discipline, and consequent punishment. I recollect two non-commissioned officers becoming permanently insane, upon being confined on a charge of misconduct. In

* Zacchias; Beck's Medical Jurisprudence, p. 236.

these cases the probability of the affection being feigned was very strong; and if an opinion had been given in the affirmative, it is possible they might have been both punished. That mistakes of this kind may happen is evident, from the report of a coroner's inquest, held on the body of Joseph Godfrey, as given in the Times newspaper, February 22, 1826. It appears Godfrey belonged to the 83d regiment, and served with that corps at the Cape of Good Hope eleven years. During this period he exhibited symptoms of derangement five different times, on each of which occasions he was tried by a court martial for pretending madness, in the hope of getting his discharge, and sentenced to be flogged, which sentence was successively carried into effect. Maniacal paroxysms continued to recur after he was discharged, and during one of the accessions he committed suicide, by drinking a quantity of sulphuric acid.

The following case will evince, in a very remarkable manner, the difficulty with which certain shades of mental alienation are distinguished, and the extreme caution which ought to be observed before unfavourable opinions are formed and severe measures adopted. Private Charles Louis, aged 31, — regiment of foot, complained, during the month of December, 1825, of pain in the loins, occasioned, as he said, by a sprain received the preceding July while drawing water from a well; but which he did not mention when the accident happened. As the ailment was considered very slight he was not admitted into hospital; he continued however to complain of pain in the loins and about the site of the cœcum. On the 26th January, 1826, he went on furlough, and returned to the regiment on the 24th of February. From this period he obstinately refused to do any duty, assigning as a reason, that he was unable; he was then admitted into hospital, where he was kindly treated, but carefully observed. His appetite and other

functions of the body were natural, and no trace of disease could be detected. He sometimes complained of uneasiness in the region of the liver, but never represented the pain as urgent, and indeed seldom said anything respecting his ailments, unless in reply to direct queries. He was in general remarkably taciturn, and his manner appeared to be more indicative of moroseness than mere lowness of spirits. Eventually he was discharged from hospital; but still persisted in refusing to do his duty. He was tried by a regimental court-martial, for disobedience of orders, which sentenced him to undergo corporal punishment; and, on the 15th of March, he received 175 lashes, in the usual manner, without making the slightest complaint. He still, however, declined doing duty, and was a second time tried by court-martial, and sentenced to be confined for one month in a solitary cell. When released from confinement he was ordered to pull up the grass between the stones in the barrack-yard, an employment which annoyed him more than any other punishment. His case was now brought to the notice of Lieutenant-general Sir George Murray, commander of the forces in Ireland, with a recommendation that he should be transferred to the general military hospital, Dublin. This suggestion being adopted, Louis was admitted into the general hospital on the 30th of May, where he remained under the care of Dr. Cheyne until the 12th of July, when he rejoined his regiment. During the time he was in Dublin he preserved his usual gloomy discontented manner. The greatest care was taken to investigate his case; but no trace of disease, either physical or mental, could be satisfactorily observed; and a certificate to that purpose, signed by Dr. Peile, deputy inspector of hospitals, Dr. Brown, surgeon to the forces, Dr. Crampton, surgeon-general, and staff-surgeon Stringer, was transmitted to the regiment upon his being discharged.

Shortly after Louis had joined the regiment he evinced decided symptoms of aberration of mind, which were for a considerable time supposed to be feigned; but after close observation for a period of several months the surgeon of the regiment deemed his intellect to be unsound. In July 1827 he was again admitted into the general hospital, Dublin, in consequence of mental alienation; and it is the opinion of Dr. Cheyne and the other officers of that establishment, that there can be no doubt of the reality of the mental affection*. He is still (Dec. 1827) in hospital; his manner is much less gloomy than formerly, and he shows no reluctance to discuss topics connected with his present hallucination. He however artfully eludes every attempt to extract any information from him respecting his family or early life. Among many other incoherent notions, which have entered his mind, he conceives that he is colonel of the 15th regiment, and that he is abounding in wealth; but that he is deprived of the use of it by undue means. His bodily health continues good.

* An inference may be drawn respecting the state of his intellects from the following fragment of a poem entitled "The bursting of the Mind," which he has lately composed. He gave me a copy, and expressed a wish that it should be published in a periodical work. The rhapsody commences with an allusion to Confucius, and appears to be an attempt to describe the imaginary consequences of a consciousness of knowledge previously and gradually acquired, bursting precipitately upon the mind of the Chinese philosopher.

"When suddenly struck dumb, of thought's amazing faculties bereft,
His fancy lost, memory's grand orb, a noble mind quite torn away
By all-devouring deluge sweep or whirlpool's all-exhausting force,
Like dreadful tornado's fierce destroying breath through desert hies,
Whose course consumes trees by the roots, lakes in obedience
Their sandy bottoms show, fishes and beasts fly upon air,
The rivers leave their beds exposed, creation blasted to the core,
Nature's blackened face in roots and herbs and living things is seen,
A globe of searching, desolating death displayed."

It would be a difficult task to state at what time his mind became unsound. Was he insane when he refused to do his duty in February 1826, or should we consider the mental disorder a consequence of frustrated hopes since that period?

Louis is a native of Woolwich, in Kent, but nothing is known respecting his connections. In 1816 he joined the independents in South America, and served with them for several years. He was wounded, taken prisoner by the Spaniards, and confined in prison for nearly a year. About the end of that period he was released, and eventually found his way to North America, whence he was sent to Halifax by a British consul. Such is the report of his comrades in the regiment to which he belongs. He enlisted in Sept. 1820 for limited service, in the ——— regiment, then on the eve of returning to this country. Shortly after the arrival of the regiment in England he demanded his discharge, on the plea of having been sworn to serve King George III, who was dead at the time he took the oath. His memorial was transmitted to Lord Combermere, then commander of the forces in Ireland, who forwarded it to the Horse Guards. The reply of his Royal Highness stated, that although Louis had sworn to serve King George III, at that time dead, he had also sworn to serve his heirs and successors; and as George IV was the lawful successor, he must be considered as legally attested. The Judge Advocate General, who had been consulted on the occasion, entertained the same opinion.

Louis was made acquainted with the decision of the Commander in Chief; but he continued to prefer a claim to be discharged, to the inspecting general officer, at every half-yearly inspection. He appears to be of a good family, much superior to his present situation; he has the manners of a gentleman, and an excellent address, writes a good hand, and uses language grammatical and correct:

he never associated on equal terms with the men, and has always been remarkably temperate.

The detection of some pretenders to madness is by no means easy to persons little familiarized with disordered conditions of the intellect. Medical officers are seldom able to procure any information of importance that can be trusted, respecting the liability of the relations of a suspected person to insanity, or concerning occurrences that may be calculated to excite or depress his mind. Perhaps the most successful mode of detecting an impostor would be, to confine him alone in a ward in which he could be overlooked. The symptoms of madness would disappear when he presumed he was unobserved. A man who feigns madness, like pretenders to other disabilities, commonly overacts his part: he never wishes to conceal his infirmity. However great his resolution and fortitude may be, he finds it difficult to evince so decided an indifference for food as many lunatics do, or to preserve that watchfulness which is so frequent an attendant on insanity.

It is very natural for regimental officers to wish to get inefficient soldiers discharged, whether their unfitness arises from physical, moral, or intellectual causes; but numerous cases occur where the general interests of the service require that men should not be discharged without much caution. This is perhaps more necessary when a man is brought forward for discharge on account of weakness of intellect, than in consequence of a physical defect. The degree of a mental infirmity is extremely difficult to appreciate, for many an individual will evince no remarkable want of endowment in conversation, who cannot be taught a particular trade or profession. Some may acquire tolerable proficiency in one trade, while they show great want of aptitude in learning another. A man may be a good shoemaker, although no degree of labour will enable him to acquire the dexterity requisite for performing the

usual military evolutions in a correct manner, or to become a clean and handy soldier: he does not acquire habit by experience. But when a man evinces no external evidence of want of intellect, how is a board to distinguish a defect of intellectual power from a want of will? The evidence of an adjutant, or a drill sergeant, that they have not been able to make him comprehend his duty, may not be deemed conclusive proof that he cannot be taught. Some time ago a man enlisted in a regiment at present (December, 1827) quartered in this garrison, who after being at drill for an unusually long period could not be taught his duty. Every exertion was made by the adjutant and drill sergeant to make him comprehend the manual and platoon exercise, but apparently without success. In consequence of this corps having been joined by another regiment, the presumed idiot was discovered to be a deserter, and a very clever fellow. I am disposed to think, that, unless in strongly marked cases, where the mind is weak on all subjects, and that weakness expressed in the countenance, or readily discoverable during conversation, no man ought to be discharged.

Two cases of intellectual deficiency happened lately in this garrison, and were both transferred from their respective regimental hospitals to the general hospital for observation and report. Richard Dorrach, 72d regiment, was admitted under the head "Amentia." He was eventually brought before a medical board, who found him unfit for the service, adding, however, to their finding, that from his youth and general appearance he would find no difficulty in re-entering the army.

The board found him unfit solely in consequence of parole evidence; but so strong that it could not be resisted. His mental defect was so little apparent, that nothing could be inferred respecting it from conversation, interrogation, &c. His countenance and manner evinced no want of

intelligence; he could read and write, and had been brought up to the trade of a shoemaker, a business which he conducted on his own account. Yet, strange as it may appear, he could not be taught the exercise and duty of a soldier. He has been discharged.

Peter Connor, 36th regiment, was admitted under the head "Idiotcy." His aspect and manner bespoke dullness and want of intellect; his replies were, however, pertinent, and he possessed a correct comprehension of every thing that regarded his own right. He had been two years at drill, and could be taught little or nothing of his exercise. The adjutant, in his evidence, stated, that Connor was sometimes not able to distinguish the "right from the left flank of a squad, no, nor even his own right hand from his left." What he had in some measure learned one day he completely forgot by the next. The board came to the following conclusion in his case, finding, "that he (Connor) is not an idiot; but that his mental powers appeared of a feeble and unsusceptible kind, acquiring with great difficulty tasks and exercises that were comparatively easy to others. And they further remarked, that, although he be incapable of being drilled into an expert parade soldier, yet there are laborious orderly duties in every corps, one of which he might be found fit to perform: and the board cannot, under all the circumstances of the case, recommend his discharge, foreseeing, as they do, the probability of his speedily re-enlisting."

These two instances have been quoted to show, that, in some cases, nothing short of experience can discover unfitness for the service; there being certain shades of mental deficiency which a medical officer, in the ordinary course of examination by *view*, *interrogation*, and *conversation*, may not be able to perceive. Similar cases are, I believe, not unfrequent, and the cause of some loss annually to the service.

Cachexia and Debility.—An ill-conditioned habit of body, and great weakness, is occasionally simulated for various purposes, such as to procure leave of absence from foreign stations; and to corroborate verbal statements, substances are swallowed to make the face pale. I have known a person in ordinary health succeed in a manoeuvre of this kind, by indulging freely in wine, and depriving himself of sleep for two or three nights previously to his being examined by a medical board. His disordered attire, unshaven chin, hollow eye, depressed jaw, pale and contracted countenance, so changed his usual appearance, that he was scarcely recognizable by his acquaintances.

There are few points of duty, which demand greater circumspection on the part of a medical officer, than that of granting certificates regarding the health of officers. He should invariably examine particularly into the circumstances of a case, without being influenced in his conclusion by the testimony of the patient or that of his medical adviser, except in so far as parole evidence may assist investigation. On this subject I will take the liberty of transcribing a copy of a "General Order," which is well calculated to illustrate the propriety of proceeding with much caution in certifying with regard to doubtful disabilities.

GENERAL ORDER.

Office of Ordnance, 23d June, 1826.

The Master-General and Board have ordered, that Mr. ——— should be dismissed from the Ordnance, in consequence of misconduct so flagrant, that they have directed the circumstance to be promulgated to the department at large, by this general order.

Mr. ——— was permitted to go to the country, on temporary half-pay, until the permanent state of his health could be ascertained, in order that the Board might be

able to decide whether he should be recommended for a pension upon retiring from the service.

During an absence of eighteen months several representations and certificates were transmitted by Mr. ——— describing his state of health to be so deplorable, that he could not, without great risk, be removed to Woolwich, from his country residence at ———, to be there examined by a medical board.

The Board desired that Mr. ——— might be examined by the army medical officer at Hull, whose certificates, on two occasions, confirmed the certificate of Mr. ———'s physician, that it would be improper for him to risk a journey to Woolwich.

In the mean time Mr. ——— travelled twice to Hull (a distance, from ———, of 40 miles), but he persisted in the assertion, that it was dangerous for him to travel to Woolwich; and as he very generally neglected to answer, for several days, the letters which were addressed to him, his half-pay was ordered to be stopped until he should present himself at Woolwich. Inquiries were made as to the mode in which Mr. ——— passed his time; and it was ascertained, that, at the moment when the Board ordered that he should be examined by a medical board, he was in Brighton, engaged in the superintendence of the construction of buildings for a private individual; that he hastened from Brighton to ———, to answer the Board's letter, and thence proceeded to Hull; and that he had carried on business at Brighton, for several months, during which he was absent from his duty, by leave, on the plea of sickness to such a degree as to be unable to go to Woolwich or to appear before a medical board.

It has thus become the duty of the Master-General and Board to dismiss Mr. ——— from the ordnance department, after twenty years service, without recommending him for any of the benefits to which the faithful servants of

the public are entitled, when disabled from serving by their infirmities.

By order of the Master-General.

(Signed)

WM. GRIFFIN, Secretary.

Mr. ——— was examined at Hull, in April 1825, by an army medical officer, and again in March 1826 by another. On both occasions he was accompanied by his domestic physician, upon whose testimony, in regard to the nature of the symptoms, the certificates were in a great measure founded. The medical officer, who signed the certificate in 1826, candidly admits that he was greatly influenced in the opinion he gave by extrinsic circumstances, namely, the rank and character of Mr. ———; but chiefly by the report of the physician, on whose veracity he *then* placed implicit credit. On the occasion when this officer waited upon Mr. ———, which was at an hotel in Hull, he found him sitting in an arm chair, with the body bent forward as if unable to sit upright. He affected to suffer severe pain when the slightest pressure was applied to the lumbar region. Having naturally a sallow complexion and a spare habit, it was inferred, from the account he gave of his feelings and the statement of Dr. ———, that he was suffering under greatly impaired general health. The expressed opinion of his physician is subjoined in his own words.

“ The principal ailments of Mr. ——— were general debility, with *cadaverous look*, much emaciation, no appetite, great pain in the lumbar region, occasional difficulty in voiding his urine, stools dark and clay-coloured, also pain, and that at times very severe, in the epigastric region, and circumscribed as if indicating spasm or stones in the gall-ducts. Having suffered for years under these ailments, I felt no hesitation, after trying the effect of various

remedies, in giving it as my opinion, that he never would again be fit to resume the sedentary duties of his office."

Hydrocele.—A tumefaction resembling this disease has been produced by puncturing the skin of the scrotum, and inflating the cellular membrane. During the late war, some medical men in France were so venal as to receive bribes to perform this operation upon conscripts, with the view of thereby obtaining an exemption from military service.

Physconia.—A conscript, who had the extraordinary power of greatly distending his abdomen by swallowing air, availed himself of this faculty to repeatedly deceive a board of French medical officers, and thereby succeeded in obtaining an unqualified exemption from military service. It appears that he had acquired this faculty during childhood. He had a suit of clothes adapted for his fully expanded size, in which he regularly appeared before the municipal administration for inspection. The trick was eventually divulged by his sister, but not until he had from circumstances been placed beyond the reach of the conscript laws.

During the summer of 1825, a private belonging to one of the regiments in this garrison, became affected with a remarkable enlargement of the abdomen. The character of the man was excellent, and not the slightest suspicion of fraud in regard to his assumed disability was entertained. His commanding officer being greatly interested in his case, requested an eminent civil medical practitioner to visit him in the regimental hospital, along with the surgeon of the corps, in the hope that he might suggest some efficient means of recovery. He did so, and recommended a large issue to be made over the loins, a measure that was productive of no advantage. Recovery being despaired of, he was transferred to the general hospital, as a preliminary measure to his being discharged. On admission

into that establishment, staff-surgeon Stringer was struck with the discordance which existed between the healthy appearance of his countenance and the condition of his abdomen, as inferred from its size. Suspicion led to inquiry, and eventually it was discovered, that the impostor occasioned the appearance of physconia by elevating his spine at the loins, when placed on his back for examination. Finding that the artifice was detected, he very wisely allowed his abdomen to subside under the use of some cathartic medicines, and in little more than a week he was sent back to his corps perfectly cured. Facts, after disclosure, are generally supposed to be simple. I have only to observe, that the surgeon of the regiment to which this man belonged was experienced, able, and attentive. Any fraud, therefore, that escaped his detection, may be overlooked by another officer.

I was informed by Dr. O'Hara, apothecary to the forces, that some time ago, when the 84th regiment was quartered in Dublin, a number of patients, from thirty to forty, belonging to that corps, were admitted into the general hospital, on account, as was stated in the admission ticket, of dropsy and intermittent fever. The leading symptoms were, great distension of the abdomen, and excessive thirst. On account of the number and similarity of the cases of this disease, Dr. Harvey, physician to the hospital, eventually concluded that the symptoms were excited. He then prescribed frequently repeated doses of glauber salts, dissolved in a weak infusion of tobacco. In most of these cases the tympany disappeared rapidly: a few held out for some time, but all were eventually sent back to the corps with collapsed bellies, and by this means the epidemic was arrested. The constant nausea occasioned by the mixture soon exhausted all their fortitude. A considerable number of the cases first admitted succeeded in obtaining their discharge. The means by which the

tympanitic symptoms were occasioned never were correctly ascertained. It was by some conjectured to have been excited by swallowing large quantities of chalk and vinegar.

Physconia was a very prevalent disease in the 2d battalion of the royals for a number of years. About the year 1817, when the corps was serving in the Deccan, this complaint formed a large item of the sick list. Every remedial means that promised to be useful were tried at the head quarters of the regiment, and when they failed, the patients were transferred to the coast along with the other sick, for the purpose of being invalided and sent to Europe. There were sometimes as many as from fifteen to thirty cases of physconia belonging to this corps in the depôt Poonamalee at the same period. It ought to be mentioned, that the 25th dragoons did not then send a single case of this disease to the coast, although it was under canvass in the same camp where the royal regiment was stationed. After some time it was surmised, that the distension of the abdomen was in a number of cases simulated, and although eventually the suspicions were found to be well grounded, the means by which it was excited were never satisfactorily discovered. Common rumour attributed it to swallowing toddy in a state of fermentation, with large quantities of congee (rice water), and a small portion of soap. In many of these patients there was considerable incongruity between the evident indications of health in the countenance, and the appearance of disease in the abdomen. They were inspected every morning by a medical officer, and in some the abdomen was then so greatly distended, that the waistband of the trowsers did not meet, but was connected by a cord six or eight inches long. Those individuals who were suspected of malingering were smartly purged, &c. and had their liberty restrained. In many of these cases, every appearance of physconia disappeared during the afternoon, but they often

found means by the succeeding morning to have their bellies as much distended as ever. Some however became tired of this discipline, and got well rapidly, others held out for a considerable time. All the suspected cases were eventually sent back to the corps. Notwithstanding the ill success of many of the impostors, still perhaps a few were fortunate. The practice of simulating physconia continued for a number of years among the men of this corps. It prevailed in some degree in 1821, when the late assistant surgeon Bolton assumed the medical charge of the regiment. Being an active zealous officer, he exerted much of his time and talents to reduce a heavy sick list, and to suppress that disposition to malingering which had got among the men. This measure rendered him odious to impostors, as the event too clearly showed; one morning, when he was going to the hospital, while the regiment was on duty at Trichinopoly, a schemer and late patient of his, named Downhard, presented his musket at him. Mr. Bolton saw the motion, held up his hand, and begged him to desist. Downhard took the musket from his shoulder for a moment, but returned it, saying, "No, sir, you blistered me, &c. &c.; it must be done;" and then fired. The ball passed through Mr. Bolton's body, and he expired a few hours after. Downhard was hanged in front of the regiment, glorying to the last in the atrocious act he had committed.

I have seen several cases of men who feigned an enlargement of the abdomen by means of a deep inspiration, and keeping it in a protruded state by short expirations. When any doubt exists respecting the nature of the distension, the man may be examined during sleep.

Incredible as it may appear, there is good authority for the fact, that among the French conscripts, ascites was excited by injecting water into the cavity of the abdomen*.

* Moricheau Beaupré.

Scrofula.—To simulate traces of scrofulous disease of the neck, ulcers are sometimes excited below the angles of the jaw; and for the purpose of rendering submaxillary cicatrices more effectual, the French conscripts used to apply the juice of euphorbium or pounded garlic over the upper lip and nose a few hours previously to examination.

Jaundice.—The yellow colour of the skin in this disease has been simulated by painting it with an infusion of the root of the *curcuma longa*, tincture of rhubarb, an infusion of soot, &c. Hitherto the simulators of jaundice have not effectually succeeded in colouring the eyes, although smoke has been employed for this purpose. It is said, that clay-coloured stools have been imitated to perfection, by taking daily a small quantity of muriatic acid*.

Cutaneous Affections.—Some conscripts in France having accidentally discovered, that certain articles of diet excited an efflorescence or eruption on the skin, successfully availed themselves of this gastric sympathy, and pretended that the temporary cuticular discoloration was a chronic cutaneous disease, thereby obtaining an exemption from military service. With a similar view, acrid substances, acids, &c. have been applied to the skin. Porrigo (tinea capitis) in the active stage, is sometimes simulated by applying nitric acid to the head, after protecting the face with fatty substances; but the chronic state is imitated by the use of depilatories of different kinds, applied sometimes in patches, so as to resemble the porrigo decalvans. One individual succeeded very well in simulating tinea, by means of a paste, composed of rancid butter, honey, sulphur, and a small quantity of powder of cantharides: the head exhaled an extremely fetid odour, and the man would have gained his end, if the examination of the scalp had not been very carefully performed.

* Elements of Medical Jurisprudence by Dr. Beck. Dunlop's edition, page 9.

Deafness.—This defect is frequently pretended by recruits, as also by deserters, and other culpable individuals, who find themselves in the provost guard. Deafness is difficult to simulate consistently. When a conversation has been commenced with a man, who pretends that he labours under this disability, he will not improbably continue to answer questions after the voice has been gradually lowered to a moderate tone. A recruit, from Cork, who joined the depôt of the East India Company at Chatham, alleged that he had almost totally lost the sense of hearing, and the evidence of his comrades went to support his testimony. Dr. Davies admitted him into hospital, and put him upon spoon diet. For nine days, Dr. Davies passed his bed without seeming to notice him during his visits to the sick. On the tenth day, he felt his pulse, and made signs to him to put out his tongue; then asked the hospital serjeant what diet he gave the man. "Spoon diet," replied the serjeant. Dr. Davies affected to be very angry, and said, "Are you not ashamed of yourself, the poor fellow is almost starved to death; let him instantly have a beef steak and a pint of porter." Murphy could contain himself no longer; he completely forgot his assumed defect, and with a face full of gratitude addressed Dr. Davies, saying, "God Almighty bless your honour, you are the best gentleman I have seen for many a day."

The accidental detection of one impostor may contribute to suggest means for the conviction of others. Peter M'Donough, a private in the 75th regiment, while it was stationed in Jersey (1810), averred that he had lost the faculty of hearing, and for three or four months he was kept in hospital for the treatment of this defect. When the regiment was about to embark for Sicily, the hospital establishment was broken up, and the sick accommodated with their respective companies in barracks. M'Donough, having been relieved from hospital restraint, retired with

two of his companions to a wine shop, where they passed their time in the way soldiers commonly do in a public house. Confiding in M'Donough's incapacity of hearing, one of his companions addressed the other, by saying, "Let us call for more liquor, and leave Mac to pay the expense." Mac soon evinced that he knew quite well what his friends had in contemplation, for he exclaimed, "By J——s you will not do any such thing." The circumstance was reported to the commanding officer, and the fraud acknowledged. Ever since, he has conducted himself like a good soldier, and is still (1826) in the corps.

Some of the conscripts of France not only pretended to be deaf, but they excited diseases of the ear. *Ulcers in the ear with fetid discharge* were simulated, by introducing a tent imbued with blistering plaister into the external meatus, and repeating the application until the tube became ulcerated and a discharge of puriform matter established. The fetid smell was imitated by dropping into the ear a mixture composed of an empyreumatic oil, assafoetida, and old cheese. Deafness was sometimes excited by introducing a pea into the external ear, as also by injecting an irritating fluid into it, thereby causing inflammation and temporary loss of function. Disease of the ear has been effectually simulated by injecting pus into the auditory tube, and even by simply introducing a little honey into it.

Deaf-dumbness.—This defect is occasionally simulated by soldiers, who wish to obtain their discharge; and, however improbable it may appear, some have played their part so well, as for a long time to escape detection. A trooper, of the name of M'Keon, who belonged to the 7th dragoon guards, when it was quartered at Piershill barracks, affected one morning to be both deaf and dumb. No such disability had existed the previous evening. Many means were attempted to excite him to indicate that he possessed the

sense of hearing, but without success. Firing a pistol close to his ear produced no effect. After keeping him a long time in the regimental hospital, he was sent to the Edinburgh infirmary, and was discharged from it as incurable. No noise, however sudden, or artfully employed, succeeded in appearing to rouse his attention. Every one eventually thought the assumed defect real, and his situation excited the pity and commiseration of the officers of the corps. At the end of about a year he was recommended to be discharged, and left Dundalk, where the regiment was quartered, on his way to Dublin, to pass the invaliding board for a pension. During the first day's march he got intoxicated, and at the same time recovered the use of his tongue. His escort brought him back to the regiment next day, but before he arrived his deaf-dumbness had returned. He was tried by a court martial, and sentenced to receive eight hundred lashes; but as he still held out, it was deemed advisable to send him to the general hospital in Dublin, that he might be inspected by the medical officers of that establishment, before the sentence of the court martial should be carried into effect. Here various attempts were made to induce him to give in, and among other means used for that purpose, he was informed, that if he would return to his duty, the sentence of corporal punishment would be remitted, a promise which produced no immediate consequences. Upon admission into hospital, he was for some time accommodated in a ward in company with several other patients, but was afterwards confined in a solitary cell, with no other sustenance than a small allowance of bread and water. The orderly who attended M'Keon was instructed to give him his scanty fare, and to clean the cell daily, but on no account to speak to him. In this manner things went on for nearly three months, when one morning the pretended deaf-mute accosted the orderly with "Good morning to you, James." James

was completely astounded for some time. He soon however so far regained his self-possession as to secure the door, and to make all haste to inform the steward of the hospital of what had taken place. When M^r Keon was interrogated as to how he had recovered the faculties of hearing and speaking, he stated that he had had a dream, and that when he awoke he found that the long lost functions had returned. He was not punished. He returned to his duty, and conducted himself with great correctness for a considerable time, but eventually deserted, taking with him his arms, accoutrements, &c.

This is a good instance of the surprising obstinacy and perseverance with which some simulators will persist in prosecuting a scheme to obtain their discharge. The detection of a fallacy of this kind ought not to be difficult; although it may be very hard to induce a simulator to give in. If a person has acquired the habit of speech, and is able to move his tongue, he is certainly an impostor should he pretend to be dumb.

Contractions.—This is one of the most frequent of the feigned disabilities of soldiers. Many an impostor has obtained his discharge by a contraction of the elbow or knee joint. The defect is commonly attributed to rheumatism in the first instance. In consequence of inaction, sometimes aided by tight bandages, put on by stealth, the limb becomes occasionally more or less extenuated. The suspicion of a medical officer is sometimes not excited until an impostor presumes he has nearly effected his purpose; and if a schemer of this kind happens to be transferred to a new medical attendant, his chance of succeeding is greatly augmented. The means adopted by schemers to gain the same end are very different. Some will not allow the joint to be touched, but scream and bellow as if they were upon the rack, when the slightest attempt is made to straighten the limb. Others affect great

anxiety to be cured, or at least offer no obstruction to the use of means, but seem to endure the pain occasioned by the various remedies with the greatest fortitude. It is sometimes very difficult to come to definite conclusions with respect to impostors, who feign contractions; as some degree of disease may supervene in a joint without any well-marked external character.

The investigation of a case should invariably be conducted with care and patience, and in this as in most other feigned disabilities, a medical officer should not profess to discover imposture at the first examination, even although the evidence of fraud may appear pretty satisfactory. Until he becomes acquainted with a man's manner, as well as the more important facts connected with the history of his defect, it is in general not advisable to come to a definitive conclusion on the subject. Mildness, firmness, and indirect observations, have frequently a powerful effect in determining an impostor to abandon by degrees a scheme of imposition.

When, after due care in the examination, it is presumed that contraction is feigned, various means of conviction may be tried. Some men cannot endure repeated shocks of electricity, and consequently report favourably of its influence in relaxing the contracted joint: other individuals will bear the application of this agent in almost any degree without flinching. Gradually stretching a feigned contracted limb by means of a pulley, and when fully extended keeping it in that state for a longer or shorter time by the aid of a strong splint, and repeating the operation daily, sometimes induces an impostor to give in. The pulley should be avowedly used only as a remedial measure, and the strictest care ought to be taken to conceal whatever suspicion of deception may be entertained. When a malingerer of this kind discovers, that the existence of his defect is doubted, he is liable to

become the more obstinate, and many would lose their lives rather than confess the fraud. When matters are managed judiciously, it is sometimes amusing to see an impostor lending his ready aid to fix the pulley, all the while he is congratulating himself on having deceived his medical attendant. Many individuals have feigned contractions for two or three years without being convicted, and finally obtained their discharge on that account. There was a man named M'Donel, belonging to the 2d battalion of the royals, while it was on the Madras establishment, who feigned a contraction of the knee joint. The medical officer of the corps was convinced of the fraud, but failed in convicting the impostor. But indeed the obstinacy of this man was remarkable; when the surgeon lost all hopes of success, he was transferred to the discipline of the commanding officer, who had him brought daily to the orderly room, and there under his own eye he was extended upon a cot, his contracted leg straightened, and retained extended, in which position he was kept for two hours. This measure was continued for a long time, but without effect; the impostor persisted in contracting the knee whenever the ligatures were removed; and the endurance of his commanding officer being at the end of about eighteen months exhausted, he obtained his discharge, although the fraud was completely demonstrated. The same means which lead to the conviction of one impostor, may not be effectual in a similar case; hence a medical officer will require to vary his measures. When the flexor muscles of the leg appear to be voluntarily contracted, it may be proposed in the hearing of the patient to cut the tendons across, should recovery not soon occur. Let him then be allowed a week or a fortnight to deliberate on the business. Should an amendment not occur in that period, he may be removed to an operation room, where care should be taken by a display of instruments to abate his courage. Being laid upon a low table,

and every thing prepared for the operation, let his face be covered, while two stout persons have their hands upon the knee, ready to press it down as soon as they see a paper-folder drawn firmly across the tendons. This manœuvre may be managed so as to make an impostor believe that the tendons are divided, when it is to be hoped he will admit that the cause of the contraction has been removed. A strong splint ought then to be placed along the under surface of the limb, and the knee so effectually covered as to prevent his acquiring any information respecting the integrity of the tendons, until the medical attendant thinks fit. In similar cases, Baron Percy recommends the patient to be placed upon a pedestal, a little distance from the ground, on his sound extremity. If the defect be only pretended, he will probably soon stretch out the contracted limb, to prevent himself from being hurt by falling, as he is unable to stand long on one leg. The Baron states, that by this means he succeeded in convicting twelve suspected cases. But perhaps a still better plan is to place a simulator on a small platform a few feet from the ground, and to attach a weight of forty or fifty pounds to the contracted leg. Unless he possesses an unusual share of fortitude, he will soon be glad to support himself equally on both extremities. He may be kept on the platform for a period of from one to three hours. This plan succeeded most effectually in convicting three cases. A regimental surgeon of my acquaintance, succeeded in convicting a man who feigned a contraction of the knee-joint for a considerable time, by making him lie on his belly on a long barrack table, and appending a weight to the heel of the affected extremity; he continued to hold up his foot for a longer period than was expected, but the voluntary contraction gave way at last and rather suddenly. Convicting a simulator does not

always make a good soldier of him; the perverted disposition too often remains. If he should not succeed in one scheme, he tries another; and if he meets with some insuperable obstacle to obtaining his discharge on account of disability, he frequently finishes his career by desertion.

To illustrate the obstinacy with which an impostor will sometimes persist in pretending a defect in one of his limbs, I may particularize two cases. R. Haddock was approved at this depôt as a recruit for the 61st regiment, about the end of March, 1825. During a scuffle with a comrade on the 28th of April, his right arm was slightly contused, and he was in consequence sent to hospital, where he evinced a disposition to make the most of the slight injury he had received. He was however discharged cured in a few days. On the 3d June, he joined the 61st regiment, at Limerick, and upon examination by the surgeon was considered ineligible for the service, in consequence of a "contraction of the right arm." Three days after he was examined by a medical board, who found "that he had a sublucation of the right elbow joint, in consequence of which the muscles were contracted," and recommended that he should on account of his infirmity be discharged, a measure which accordingly took place. The board was pleased to add to its finding and recommendation, that no medical officer, who did his duty correctly, would approve of a man so disabled as Haddock. During the month of November, 1825, he re-enlisted at Sligo for the 12th regiment, and was approved, first by Dr. Irwin, deputy inspector of hospitals, and subsequently by myself. On the 21st February, 1826, I was called upon by a letter from Colonel Hart, inspecting field-officer, to explain, for the information of Major General Sir Colquhoun Grant, the circumstances under which I approved of Haddock. Along with this letter were copies of the proceedings

of the board, held upon this recruit at Limerick, and a communication from Brevet Lieutenant Colonel Bayly, commanding the dépôt, 12th regiment, addressed to the deputy adjutant general, stating that Haddock was ineligible for the service, on account of a "recent fracture of the arm, so that he is incapable of lifting any weight," and "an asthmatic affection with which he has been afflicted for several years past." In my reply to Colonel Hart's communication, I stated, that when I examined Haddock, he was in every respect an eligible recruit, and that I thought it probable his disabilities were feigned. On the 4th March, he was examined by a medical board at Cork, who found him free from disease and disability, and recommended that he should not be discharged. He embarked for Gibraltar, on the 11th April, to join the head quarters of the regiment, and had not long joined when he pretended he was unable to do his duty, on account of a defect of his right arm, which was presumed to be feigned by the medical officers of the corps. A medical board was assembled for his examination by order of Dr. Hennen, and he was found free from any disease or defect, which could disqualify him for duty. Still he continued to affect disability, and refused to attend drill. He was then tried by a court martial, and sentenced to receive two hundred lashes, a penalty which was inflicted. His disposition to feign infirmities was still unsubdued. He continued to pretend that he was unable to do his duty, until the commanding officer threatened to bring him before a general court martial, a measure he knew would be carried into effect, as well as its consequences: he then returned to his duty*.

The subject of the other case belongs to the rifle bri-

* I obtained my information respecting Haddock's conduct at Gibraltar from Assistant Surgeon Dealey, who formerly belonged to the 12th regiment; but is now in the 15th hussars.

gade. On the 20th August 1826, he was received into the general hospital of this garrison, with the following remarks upon his admission ticket.

Dublin, 18th August 1826.

“ Thomas Batts, 1st battalion rifle brigade; disease ‘contracted knee.’

“ The bearer was attacked with fever fourteen months ago, and when convalescent his knee became contracted. He remained under medical treatment, under charge of Drs. Burke and Armstrong (1st rifle brigade) for the space of two months: he was afterwards attended by Dr. Purdon, of Belfast, staff surgeon; when at Newry by Staff Surgeon Brown; and at Cavan by Dr. Byrne, surgeon to the Cavan Militia; and subsequently by myself for the space of four months.

“ The treatment employed, during my attendance, has been stimulating embrocations and friction, and an endeavour, by mechanical means, to reduce the contraction. I cannot say that these means have proved beneficial.

(Signed) M. B. Assist. Surg.”

Batts is an *Englishman*, he has hitherto preserved a good character, and has been about eleven years a soldier.

It does not appear by the admission ticket, that any doubt was entertained in regard to the reality of a morbid affection of the left knee joint. He was however soon suspected of being a schemer at the general hospital, and various means were tried to detect and convict him. The joint, for a long time, was made straight by means of a pulley, and kept in that state for an hour or two at a time, by a strong piece of wood upon which the limb was braced. As soon, however, as the machinery was removed the joint resumed its former contracted state. During the month of December 1826, Staff Surgeon Stringer reported to the commanding officer of the depôt

of the rifle brigade, that he thought Batts an impostor, and recommended his being ordered to join his corps. On the 2d January 1827 he was discharged, and sent to join the depôt, which was then stationed at Drogheda. I am not aware what measures were adopted with him while with his own corps. On the 13th March he was re-admitted into the general hospital with the same degree of contraction of his knee, and limp in his gait, that he had when he was discharged.

Towards the beginning of May it was suggested, in his hearing, that as the contracted joint had not sensibly improved it would be advisable to try the influence of a warmer climate, and with that view he should be transferred to the coast of Africa. Nearly about the same time he was placed on a small stool, and a half hundred weight appended to the contracted limb, in which situation he was kept for a short period. He complained much of the uneasiness occasioned by the application of the weight, and was evidently afraid of a repetition of the remedy; it was also evident that he did not relish the prospect of being transferred to Sierra Leone. During the months of June and July he said he thought his leg was becoming more straight, and it was then supposed that he was in a fair way of giving in. He moved about more than he had done, and it was observed that he appeared to be in better spirits. These hopeful prospects soon disappeared, and on the 26th October 1827 he was brought before a medical board. As this man has, so far as I know, not returned to his duty, I have given the proceedings of the Board in full.

General Military Hospital, Dublin, 26th Oct. 1827.

“ Proceedings of a board of medical officers, assembled by order of Dr. Renny, director general of hospitals in Ireland, to inspect private Thomas Batts, 1st battalion rifle brigade, and to report whether he is unfit for the service in consequence of an alleged contraction of the left knee joint.

President, Dr. PEILE,

Deputy Inspector of Army Hospitals.

Members, THOMAS BROWN, M. D., HENRY MARSHALL,
Surgeons to the forces.

EVIDENCE.

Mr. J. Stringer, surgeon to the forces, and on duty at the General Hospital.

“ On what account did private Batts come under your care?—On account of lameness, said to be occasioned by contraction of the left knee joint.

“ How long have you had charge of him?—He was admitted into hospital, under my care, on the 20th August 1826, and discharged on the 2d January 1827. He was re-admitted on the 13th March, and is now in hospital.

“ What is your opinion of the present condition of the left knee joint?—I am unable to discover any disease in the structure or mechanism of the joint, and my conviction is, that no disease exists.

“ Have you ever entertained a different opinion?—Never.

“ On what account was he discharged and sent to the depôt of the brigade last January?—He was discharged with the concurrence of Mr. Crampton, first, because I thought he had no real disease or disability, and secondly, on the presumption that more efficient measures might be adopted with his corps, to induce him to return to his duty, than was expedient at the general hospital.

Mr. Crampton, Surgeon General in charge of the surgical division of the General Hospital.

“What is your opinion of the present state of private Thomas Batts’ left knee joint?—That it is free from disease.

“Have you ever entertained a different opinion?—Never.

“On what account was he discharged from the hospital last January?—He was discharged because my opinion was more decided then than it is now, as to his being free from disease.

“What is your opinion of his general health?—I think his aspect is unhealthy.

“Do you think there is any disability of the left inferior extremity, except the alleged defect of the knee joint?—The appearance of the limb generally, and in particular its diminished bulk as compared with the other extremity, induces me to entertain some suspicion of the existence of a diseased state of the sciatic nerve.

“May not the diminished bulk of the limb be accounted for by the long continued state of inaction in which it has been kept?—Perhaps it may be so; he has for several weeks been walking about without restraint.

FINDING.

“The Board has carefully examined Thomas Batts, and particularly his left knee joint, set forth as the cause of his disability, and concurs with the opinions given in evidence by Mr. Crampton and Mr. Stringer, namely, that it is not diseased. He generally keeps the joint slightly bent, and upon approaching it with the hand he puts the flexor muscles into vigorous action, which requires considerable force to overcome. By the application of some force, however, the limb becomes straight. The knee evinces none of the usual characters of disease, as swelling, redness, or in-

creased temperature. The left leg is about half an inch smaller than the right, a circumstance which may arise from inaction, or it may be the natural formation of the limb. He states that he has been lately suffering from rheumatic pains. The Board is of opinion, that Thomas Batts is not rendered unfit for his Majesty's service, either by the alleged loss of power of the left knee joint or by rheumatism*."

Batts left Dublin early in November, to join the depôt of the rifle brigade, now stationed in Devonport. On the 4th December he was in excellent health, but had not given in.

A morbid contraction of all the fingers of a hand is sometimes pretended. Contractions of this nature may be overcome, and the impostor convicted, by introducing a cord with an eyed probe between the fingers and the palm of the hand, then gradually applying weights so as to expand the fingers. General Ross cured a case of clenched hand very rapidly when he commanded the 52d regiment. The soldier asserted that the fingers of his right hand suddenly became contracted, so that his fist remained permanently closed. He was taken into hospital, and kept there without any symptom of improvement, until the general's patience was exhausted. He was then accommodated in a solitary cell, in which was an elevated shelf; his left hand was secured to his body, and a loaf of bread and a pitcher of water placed upon the shelf in such a manner that he was unable to partake of them without using his contracted hand. At the end of the first twenty-four hours the bread and water remained untouched, but, by the termination of another diurnal period, both had disappeared.

Incontinence of Urine.—This is a rare disease, although

* The board considered Batts not *unfit* from physical causes, and therefore thought it would be bad policy to discharge him: he is, however, from moral defects not an eligible soldier.

it is frequently feigned by soldiers. Recruits sometimes simulate it with so little art as to allow the urine to dribble from them during examination. If the bladder is capable of retaining a considerable quantity of urine, it may be inferred that the assumed defect is not real; hence a simulator may sometimes be detected by coming upon him unawares, and desiring him to urinate *instanter*, or by using the catheter. Impostors have also been detected by exhibiting a full dose of opium so as to produce sleep, and observing if the bed be wet before the suspected person awakes. A medical officer in the French army treated a doubtful case of this affection by ordering the man to receive twenty stripes on the breech, with the avowed intention of strengthening the kidneys: one dose effected a complete cure. Instances sometimes occur, where men discharge the urine during sleep, probably the result of a bad habit acquired during childhood: these cases ought to be placed under a course of moral discipline.

Excretion of Calculi.—This affection is occasionally pretended. Very lately a private of the 73d regiment complained of pain and uneasiness in the region of the kidneys, and eventually made a point of showing his urine with sabulous concretions in it. After a considerable period had elapsed it was discovered, that the sandy particles found in his urine were obtained from a stone in the wall at the head of his bed; his comrades having found him at work rasping the stone in the middle of the night, led to his detection. A chemical investigation of pretended urinary concretions furnishes a ready means of detecting this fraud.

Hernia.—This infirmity has been simulated by persons who possessed the power of drawing the testes up to the rings of the external oblique muscles, availing themselves of this power to deceive medical officers. I have seen a number of individuals, who possessed this faculty, some

being able to elevate the testicle of one side, but not the other. According to Baron Percy, there are individuals who can voluntarily retract a testicle within the abdomen. The subject of the following case seems to have possessed this power. Pat. Gafney enlisted in the 2d batallion of the rifle brigade in 1825. Being a great drunkard, and having been repeatedly convicted of theft, for which he had twice undergone corporal punishment, the commanding officer determined upon representing his conduct to the Commander-in-chief, and soliciting permission to discharge him with ignominy from the service. While measures to this effect were in progress, Gafney reported that he had become ruptured. He was forthwith examined by Dr. Connell, assistant surgeon of the brigade, who found a slight degree of fulness over the left inguinal ring. On prosecuting the examination he soon ascertained that the left testicle was not in the scrotum. By means of considerable pressure, applied immediately above the ring, the testicle was excluded; he continued, however, for some time to exert the voluntary power he possessed over the cremaster muscle, which was considerable, to elevate the testicle.

Before Gafney enlisted in the rifle brigade he had served several years in the royal marines, from which corps he had been discharged in consequence of inguinal hernia, the result of service, with a pension of five-pence a day. This fact was discovered, shortly after he enlisted, by his coming to the orderly room with his instructions, and showing them to the clerk, informing him, at the same time, that the rupture was cured. It would appear that he had, by fraudulent means, succeeded in obtaining a pension from that corps; but he failed in his attempt to deceive in the rifle brigade. He was discharged from the army with every mark of ignominy in September, 1827.

Some years ago a paper was picked up in a ward of the general hospital of this city, containing a "receipt for

making a rupture." The scrotum was to be punctured with a corking pin, and then by means of a piece of tobacco-pipe it was to be blown up with air; the same operation was to be performed on the other side, if a double rupture was required. Poultices were to be applied to reduce the inflammation. The manuscript was supposed to have been dropped by a man belonging to the 18th hussars, who had been left in hospital when the regiment embarked for England. He joined his corps at Rumford in Essex, with his scrotum greatly enlarged. According to his own statement, the swelling came on in consequence of his jumping from a window shortly after he left the hospital. On his landing at Liverpool, it became so large and painful that he could not walk, and was obliged to be forwarded in a cart. When the scrotum was felt, a crepitus was perceptible. The swelling was in all likelihood excited, and probably by the means directed in the "receipt." This man succeeded eventually in obtaining his discharge, by simulating disease of the hip joint*.

Hernia has been feigned by mendicants with the bladder of an ox, containing a sponge filled with a mixture of blood and milk, and ingeniously appended at the groin.

Ulcers on the Legs.—This affection is frequently excited by recruits, and sometimes by old soldiers. The agents commonly employed are corrosives or irritants, such as nitric acid, acetate of copper, quicklime and spirits, lime and soap, bruised garlic and vinegar, the milk-thistle, the bark of the spurge laurel, and the juice of the euphorbium. The last substance is the agent generally employed in India. Some excite ulcers by mechanical means, particularly by abrasion. This is effected by rubbing the skin of the leg over the shin bone with a small quantity of sand interposed between the thumb and the leg, the sand being allowed to remain on the irritated surface. Should the

* Dr. Cheyne's Letter to Dr. Renny.

inflammation thus excited not be deemed sufficient, the operation is repeated. Ulcers of a very intractable nature are rapidly excited upon old cicatrices by this means. Ulcers are also sometimes occasioned by means of hard bodies strongly pressed upon the leg. Very lately, one of the recruits belonging to this depôt was accidentally detected with a halfpenny imbedded in an ulcerated surface on his leg, surrounded by a tight ligature. Ulcers are sometimes pretended only. This simulation is effected by glueing a portion of a spleen, or the skin of a frog, upon a part of the body. Cancers have been successfully simulated in this manner: the surface is kept moist by the agency of a small sponge imbued with blood mixed with water, or milk, which is placed under the dressing.

Artificial ulcers have in general a more distinct margin than those which are said to occur spontaneously and may be considered indicative of an impaired constitution.

To prevent impostors from applying irritating substances to ulcers on the legs, and thereby retarding their recovery, it is frequently necessary to seal the bandage, for the purpose of preventing a furtive removal of the dressings. This measure is, however, frequently but partially effectual, as some determined characters will destroy the granulations by repeated blows over the ulcer, and by introducing pins through the bandage. It is occasionally necessary to enclose the leg in a wooden box. There is perhaps no disability which a recruit can feign, more likely to lead to his discharge than a large ulcer; and, unlike any other defect, he has more chance of effecting his purpose by exciting the disease, than if it had supervened spontaneously. Cases such as the following occasionally occur, and I do not well know how they can be obviated. An individual enlists in the country, and is there intermediately approved. By the time he arrives at a district depôt, he has a large ulcer over the shin bone of one of the legs, pro-

duced by one of the means already mentioned. He is sent to hospital until the ulcer be cured. Should the cicatrix be large or adhering, he is considered an ineligible recruit, and recommended to be examined by a medical board, by whom he is sometimes rejected; not so much on account of the cicatrix, but because they deem him a schemer, and that he can at any time in a few hours disable himself for duty by re-exciting a troublesome ulcer on the site of the old scar.

Fractures.—Recruits who wish to be rejected at either intermediate or final inspections, and sometimes soldiers who are anxious to be discharged, affect impaired health or disability in consequence of fractures of the skull, or of some of the cylindrical bones. Frequently there is no evidence of fracture having occurred but the man's own testimony. When fracture of the cranium is feigned, the man asserts that he becomes deranged when he tastes liquor; and when of the bones of the inferior extremities, he complains of occasional pain in the part, and that he is unable to endure fatigue, and so on. The unblushing impudence with which impostors sometimes pretend to suffer under a feigned defect is almost beyond what could be imagined, although perhaps not more surprising than the occasional credulity of professional people. In the following case, both of these qualities are strikingly manifested. William Dempsy was approved by Dr. John Brown, at this depôt, for the 83d regiment, in the month of February 1813, and transferred in the usual way to Dunburry barracks, the quarters of the depôt of the regiment. He was there "surgically rejected," in consequence, as stated, of having a *plate* inserted in his skull. According to Dempsy's own account of himself, he had served in the Phoenix frigate, and was shipwrecked in her, when he met with an accident by which his skull was fractured, a circumstance that rendered the insertion of a *plate* necessary.

In consequence of this fictitious defect he was discharged, and immediately after a letter was addressed to the commander of the forces in Ireland by the adjutant-general, signifying his Royal Highness's "command, that the expenses incurred by the enlistment of William Dempsey must be paid by Dr. Brown, who does not appear to have used due attention in the examination of this man;" observing, at the same time, "that Surgeon Brown's experience might have taught him, that in general no dependence is to be placed on the assertion of those who offer themselves as recruits in the *Dublin district*; and that, in order to guard against the like imposition being again practised, and to avert the consequence resulting from it, he will no doubt see the necessity of trusting only to his own judgment, and of not depending upon what any recruit may himself advance."

The same man, under the name of Christopher Dempsey, presented himself again at the depôt, as a recruit of the 12th regiment, on the 18th May 1813. He was instantly recognized, and Dr. Brown, after examining him carefully, was of opinion that his skull had never been fractured. He was next examined by the army medical board, whose certificate, attested by the signatures of Drs. Harvey and Renny, stated, that "Dempsey is fit for service, as every part of the skull appears at present to be perfectly firm and sound." Eventually he was transferred to the army depôt in the Isle of Wight, there to remain until an opportunity offered of forwarding him to join the 12th regiment in the Mauritius.

Malformation.—Of all defects that disqualify for military service, personal deformity would be supposed to be the most unlikely to be feigned, for certainly none promises to be more easily detected. It is however not unfrequently simulated by recruits; and in some instances their measures have been completely successful. Edward Brady, a recruit

for the 58th regiment, was approved by Mr. M'Leod, surgeon to the 42d regiment, and acting district surgeon in Dublin, in August 1819. He was forwarded to the army depôt, Isle of Wight, where he feigned malformation so effectually, that a board of medical officers, which was assembled on the 4th September, to report on his case, found that he was unfit for the service, on account of "deformity of the spine and chest—strong inclination of the body to the right side—defective motion of the right arm and leg—pain on pressure upon the spinous processes of several of the dorsal vertebræ." In compliance with the finding of the board he was discharged. He returned to Dublin, where he was minutely examined on the 22d September by Dr. Peile, deputy-inspector of hospitals, Dr. Thomas Brown, and the late Mr. Todd, professor of anatomy, who found his spine and chest well formed, no inclination of the body to the right side, or defect in the power of motion of the right arm and leg, and no pain on pressure upon the spinous processes of the dorsal vertebræ. But, previously to the latter examination, the end for which deformity had been simulated was obtained. In January 1822, Brady revisited this depôt as a recruit for the 89th regiment, he having been inspected and approved at Newry, by staff-surgeon R. J. Browne. How many bounties he may have received, it is impossible to say. An acquaintance with the success of some simulators of disabilities tends to sharpen suspicion, and to show the necessity of great vigilance on the part of medical officers, to counteract the unwearied stratagems with which they will sometimes attempt to defraud Government, and eventually bring blame upon individuals. The above is by no means a solitary instance of success, in this variety of imposition. Timothy Darby, a recruit for the 59th regiment, was approved by Dr. Thomas Brown during the autumn of 1821, and transferred to the depôt of the corps in the Isle

of Wight. The nature of the farce he acted there may be inferred from the subjoined copy of a report made on his case by a board of medical officers.

“The board have minutely examined recruit Timothy Darby, 59th regiment, and find a curvature of the upper part of the spine, with deformity of the chest and shoulders, the left shoulder nearly two inches higher than the right, and the body slightly bent forward, with the head inclining to the left side. He has been in hospital upwards of two months under observation and treatment, large caustic issues have been made on each side of the spine, and the cough and pain he complained of on admission are removed. The board are of opinion that the deformity is incurable, and recommend his removal from the service.”

This report is dated 10th December, and Darby was discharged on the 13th of the same month, “in consequence” (as his discharge states) “of deformity in the spine and chest.”

Dr. Brown having been furnished with a copy of the above report, very naturally inferred that there must be some fraud in the business, as it was morally impossible that he would have approved of so deformed an object as appeared to be described by the board. Darby was intercepted on his return home through Dublin; and on the 21st January, 1822, was inspected by three eminent surgeons, Messrs. Colles, Todd, and Cusack, an extract from whose report I shall subjoin.

“We have this day minutely inspected Timothy Darby, and we are of opinion that he does not labour under any disease or deformity of the spine or chest; on the contrary, he appears to be remarkably well formed.”

On the 2d of November 1825, Darby made his appearance at this depôt as a recruit for the 87th regiment, but, presuming that he would be rejected on account of the

ciatrices of two large issues on his back, and determined to make as much as he could of the service, he refused to accept of a smaller sum, as enlistment money, from the recruiting-sergeant, than five shillings. As I happened to be acquainted with part of his history the scheme failed. I returned him fit for the service; he was soon after transferred to the depôt of the 87th regiment, and finally approved. It may be observed that this man is formed with unusual symmetry. In cases where deformity is supposed to be simulated, the man should be laid on his back, and examined.

Maiming.—The conscripts in France used to cripple themselves by twisting the great toe into a position that would disable them from marching. Soldiers sometimes maim themselves for the purpose of being discharged; and in some instances this practice has become epidemic in a corps. While the — regiment was serving at the Cape of Good Hope, a great number of the men maimed themselves, apparently for this purpose: in the course of six weeks, nine disabled one or other of their extremities. Maiming sometimes occurs when regiments are ordered on foreign service. During the late war, of thirteen men who volunteered from one of the Cork militia regiments, into the — regiment, five disabled themselves when the corps was ordered on service to the Peninsula. Very lately, when the — regiment was at Cork, and about to embark for the West Indies, four of the men got the first joint of the thumb of the right hand amputated.

In cases of accident, medical officers are sometimes requested to give their opinion in regard to the means by which a disability has been occasioned. This is often a highly important duty. If a man receives an accident so serious as to disable him, while on duty, he has a claim for a pension; but if he intentionally inflicts an injury on himself, he deserves to be punished. A careful examination of the

wound, aided by collateral circumstances, will for the most part lead to a satisfactory conclusion. Very few individuals who mutilate themselves, consider beforehand in what manner they are to answer the questions, how—when—where did the accident occur? and to explain all the auxiliary circumstances. A man belonging to the —— regiment was one morning dividing the meat for the different messes of the company, when he cut off the thumb of the left hand. The mutilation was stated to be the effect of accident, but when the amputated portion was examined, a deep incision was found in it, satisfactorily proving that he must have designed to inflict the injury, as complete excision did not follow the first stroke of the cleaver. During the insurrection of the Kandyans, in 1818, a private belonging to the —— regiment was standing sentry at a little distance from a post occupied by British troops, and while on this duty was occasionally fired at by the enemy from the surrounding jungle. This man was found severely wounded, having nearly the whole calf of the left leg blown away. He attributed the wound to a shot from the jungle, but the nature of the injury, and the recent explosion of his own musket, told a different tale. This fellow recovered, and unfortunately received a pension of sixpence a day, on account of his wound, the medical officer who recommended him to be discharged, not being aware of the mode by which the injury had been occasioned.

Perhaps I may be permitted here to observe, that regimental medical officers cannot be too careful, in filling up the discharges of men, to specify particularly the causes of disability for further service. When soldiers are recommended for pensions, it would be well if the surgeon were in his own hand writing, on the back of the discharge, to give a brief account of the origin and present state of the man's defect; and when a wound or accident has been the

cause of the disability, it ought to be clearly stated how such accident happened, and whether the man was at the time on duty.

Soldiers who mutilate themselves have commonly a double object in view,—to obtain their discharge and a pension; hence they in general pretend that the disability was contracted on service. Not long since a private in this depôt by some means or other had his left thumb excised, except only a small portion of the skin on the palmar side of the hand. He stated that the accident was occasioned by his falling upon broken glass; and to corroborate his assertion, he had taken care to dispose the fragments of a quart bottle at the bottom of the barrack stair, where the accident was said to have happened. He was not however prepared to explain why, if he fell forward on a broken bottle, the skin on the palm of the hand was not divided. A court martial awarded him three hundred lashes, which he received. A man belonging to the 7th dragoon guards vociferated one day in the stable, that his horse had bitten off his left thumb while he was feeding him, and certainly the mutilated portion of the hand was found in the manger. He had however completely forgotten to clean his sword before giving the alarm, for upon examination traces of recently fluid blood were found on it. The means by which men are sometimes convicted of intentionally maiming themselves are singular, and could hardly be anticipated. In 1812, while the 2d battalion 3d regiment was quartered in Dublin, a private of that corps came into an apothecary's shop near to the royal barracks, one evening after sunset, accompanied by a crowd of people, having had two of the fingers of his left hand recently amputated. His fingers were dressed, and he was then conveyed to the general hospital, where he stated, that when returning from furlough, he had in the immediate vicinity of the city been attacked by a number of

people, and that during the affray his hand was mutilated. Persons were instantly despatched with lanterns to inspect the reported scene of the assault. There they found a flat stone with the amputated fingers upon it, and at a little distance a small hatchet. The soldier was arraigned before a court martial for maiming himself, and convicted of the crime laid to his charge, on the evidence of the mutilated hand and ablated fingers, the stone upon which the fingers were found, and the hatchet, the edge of which exactly fitted an indentation in the stone. He received his punishment before the garrison of Dublin, and was retained in the regiment as a pioneer.

In some instances, however, it is not easy to convict a man who maims himself, even in cases where there can be little doubt that he inflicted the injury voluntarily, or was aiding and abetting on the occasion. On the 3d of last November, about 10 o'clock A. M., a man belonging to the 4th dragoons, who was on furlough, and had been visiting his relations at Kells, applied for admission into the general hospital of this garrison, in consequence of having the ring and little finger of his right hand amputated; a circumstance which he said was occasioned by the falling of a log of wood upon his hand. The blood was flowing per saltum from the divided arteries when he was admitted into hospital, and hence it was inferred, that the injury had been inflicted only a few minutes previously. He stated that the fingers had been ablated at eight o'clock that morning while he was assisting to remove some wood from a cart at the Custom House Quay, a distance of nearly two miles from the hospital, and that the amputated portions of fingers had been thrown into the Liffey by his brother. About a fortnight after admission, Mr. Crampton, surgeon general, and Mr. Stringer, surgeon to the forces, were directed by Dr. Renny to give him an account of the injury this man had received, and they made the following

Report: "With reference to the case of Thomas O'Brien, 4th light dragoons, who has lost the two outermost fingers of the right hand at the second joint of each, we are of opinion that the fingers have been cut off by a sharp instrument, as the skin is divided without laceration or bruising, and the bones are cut without splintering."

The fingers are both divided in one straight line, leaving a small portion of the second phalanx of the little finger, and a still smaller one of the ring finger, attached to the hand, so that it appears as if they had been excised by means of a sharp instrument, probably a chisel and mallet; and it may be presumed that he was assisted by a friend. Soldiers who intentionally maim themselves in the hand, commonly amputate the thumb or index finger. The loss of the ring and little finger will not disable O'Brien from working at his trade, which is that of a stocking weaver, and I have no doubt that he had this fact in contemplation when the fingers were amputated. He was met in one of the streets of Dublin by an officer a little after nine o'clock of the day he was admitted into hospital, without evincing any appearance of having received an accident. Whether a court martial would convict him on the evidence of the collateral circumstances that may be adduced, remains to be proved, and is indeed doubtful. Should he be tried and convicted, he may be made useful by holding him up as a warning to prevent similar delinquencies. To discharge him would be to promote his views, and to encourage the practice of maiming. Although he is disqualified for performing the functions of a dragoon, he may be usefully employed in some of the laborious duties of a corps of cavalry. He has been ordered to join the depôt of the 4th dragoons at Maidstone.

I am greatly disposed to doubt the policy of granting furloughs to young soldiers, having seen bad consequences result from indulgences of this kind. When a young

man, who has perhaps been only a few months or a year in the army, revisits his native village, he is received by his relations with unusual marks of attention. Not having acquired the confirmed habits of a soldier, he becomes more attached to home and friends than ever, and frequently rejoins his corps with great regret. Under the influence of chagrin and vexation, some individuals begin to malingere almost immediately after joining, or when drill is recommenced, and occasionally they maim themselves or desert before the period of furlough terminates.

Lameness.—This defect is frequently feigned by recruits when they wish to be rejected. It is also sometimes simulated by men who have been some time in the army, in the hope of thereby obtaining their discharge. The lameness is commonly ascribed to a fall or bruise, real or pretended. Some individuals will persist for years in complaining of partial loss of power, and consequent lameness of one of the inferior extremities, and assert their total inability to perform any duty. In doubtful cases the medical officer should ask himself the following questions. Is it probable that the cause to which the lameness is ascribed could occasion genuine disease? Is the assumed disability a consequence of the alleged cause? By carefully investigating these points, he will probably arrive at as definitive a conclusion as the nature of the subject will warrant. Simulators of lameness, like those who feign other defects, are liable to give incongruous accounts of their feelings: for instance, the uneasiness occasioned by a blister, the degree of which is in general easily estimated, they will assert is excruciating, and that the application has excited a variety of tormenting sensations. Where any doubt exists, the patient ought to be carefully watched, and for this purpose he should be accommodated in a ward, either by himself or along with other men, where he may be observed without being

aware that he is under surveillance. Where it is presumed that the disability is purely feigned, active exercise may be prescribed, and the recommendation rigidly enforced by the commanding officer. A remedial measure of six or eight hours knapsack drill daily, is what few simulators of lameness can long endure*.

There is perhaps no specific disability which is more frequently feigned than lameness, from partial loss of power of the inferior extremities, pain in the loins, and an inability to stand upright. The greatest care is constantly required to avoid being led into error by the illusory statements of patients who complain of ailments of this kind. John Hogan, 34th regiment, was admitted into the general hospital of this garrison in the month of May 1827, under the head of "chronic rheumatism," and has been in it ever since. He complains of uneasiness of the loins, feebleness of the inferior extremities, and inability to stand upright. On the 31st December he was examined by a board of medical officers. His countenance indicates good health,

* The use of drill may be of much advantage in some cases of malingering; but, like every other powerful agent, it requires to be judiciously managed. To render drill effectual, it is often necessary to adapt the nature of the exercise to the character and disposition of a schemer. A private belonging to the 3d regiment of light dragoons, upon rejoining the corps, after having been absent on furlough, asserted that he had nearly lost the sense of hearing, a statement which obtained no credit. He was sent to drill under the superintendance of the sergeant-major, but at the end of about four months no improvement was perceptible. In consequence of his pretending that he could not hear the word of command, it was difficult to make him do any thing which did not suit his own views. Eventually it was suggested by the surgeon of the regiment, that he should be drilled with the youngest recruits, or awkward squad, and made to perform the requisite evolutions by *imitation*. This measure was rapidly successful, for during the second day he had been at this kind of drill he suddenly recovered his sense of hearing, and has retained it ever since.

and his digestive and other functions are natural. When inspected by the board, he lay on his breast for the purpose of having his spine examined, without making any complaint: he however asserted that he was unable to stand upright; and when one of the members of the board placed his hand on his chest, with the view of assisting him to gain an erect position, he voluntarily resisted every attempt of that kind with considerable force, apparently forgetting that his spine was quite straight when lying on the table. His inferior extremities are not materially if at all extenuated, although he has been using a crutch and a stick since admission. The board found him not unfit for the service, and therefore did not recommend his discharge. In cases where there is no evidence of disease but testimony, and satisfactory proof of fraud in the detail of symptoms, it may be very generally inferred that the assumed disability is feigned. Hogan is certainly not unfit for the army from physical causes, although he is very much so on moral grounds; but on no account should his views be promoted by discharging him from the service. This is an instance of a numerous class of persons which infests general hospitals, misleading and corrupting young soldiers, not only by instruction and precept, but by the powerful influence of example.

A disposition to malingering and feign disease is one of the most disqualifying disabilities with which a soldier can be afflicted. An old soldier who attempts to simulate a defect, and persists in his plan of imposition for a little time, is frequently lost to the service, notwithstanding every means that may be tried to bring him to a proper sense of his duty. Recruits and young soldiers are generally reclaimable. Impostors, who prosecute their schemes

with art, who possess great fortitude and an inflexible resolution, must sometimes succeed in obtaining their discharge, either by making fraud appear to be more probable than truth, or perhaps more frequently by exhausting the patience of medical and commanding officers. It is only after some experience that a medical officer is aware of the difficulties he has to encounter, in his endeavours to reform thorough-paced malingerers. Let him be ever so assiduous, and adopt the most judicious measures for the recovery of simulators, who suffer under some real although only trifling cause of inability, he will not seldom find his measures rendered nugatory by their unwillingness to be restored to the ranks, and the pains they take to retard convalescence; he will also find himself much perplexed how he ought to act for the purpose of rectifying the mental aberration or moral obliquity of schemers, whose disabilities are merely pretended. Impostors often display a spirit of invention, and an art in concealing fraud, which could not have been anticipated. The mind, by becoming concentrated on one object, appears to acquire new powers; so that persons with naturally weak intellects, have evinced a tact and dexterity in the prosecution of a scheme, far beyond what their previous conduct would have warranted us in assuming. In coming to a conclusion, with regard to the measures which should be adopted with detected simulators, commanding officers have frequently only the choice of two evils;—to recommend the discharge of a man, or to retain him in the service with scarcely any prospect of his being a useful soldier. When an impostor is discharged, he almost invariably throws off the mask abruptly, and boasts of the success of his artifice, thereby giving a bad example to his comrades, and one which may be influential in exciting them to imitation. To retain a malingerer in the service is likewise liable to in-

jure the morals and discipline of a corps. Many a simulator will hold out, not only for several months, but for a number of years, probably passing his time chiefly in hospital; and during all this period the contagion of bad example is in operation, by the influence of which, individuals, who would have continued to be good soldiers, have been seduced from the strict path of duty, and induced to feign disabilities, and to persist in schemes of fraud with the most inflexible obstinacy.

APPENDIX.

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THE subjoined **ANNUAL RETURNS** will show the actual **Causes of Rejection** for the periods specified, and the relative proportion of each **Class of Defects** to the number of **Recruits inspected**.

No. I.

RETURN OF RECRUITS inspected at the Recruiting Depot, Dublin (Centre Recruiting District), from 25th December 1824 to 24th December 1825.

APPROVED	4,839
REJECTED	1,390
TOTAL INSPECTED	6,229

CAUSES OF REJECTION.

Ophthalmia tarsi	3
Pulmonic diseases	2
Epilepsy	3
Weakness of intellect	7
Unsound health, emaciation, sottish intemperance, worn-out, &c.	158
Traces of scrofula	68
Syphilis primitiva	26
..... consecutiva	3
Gonorrhœa	3
Chronic affections of the skin	5
Tinea capitis, or traces of this affection	15

Muscular tenuity	30
Nebulous obscurity of the cornea.....	3
Opaque specks of the cornea	30
Cataract	7
Closed pupil	7
Amaurosis	2
Strabismus	2
Puriform discharge from the ears.....	10
Defect in the function of hearing.....	3
Loss of many teeth, diseased gums, &c.	22
Greatly enlarged tonsils	1
Narrow chest	10
Depressed sternum	4
Deformed spine	55
Defective condition of the superior extremities, from malformation, contractions, mutilations, ganglions, &c.	90
Deformed pelvis	7
Hernia, Inguinal, { both sides	1
{ right side	14
{ left side	17
Ventral	44
Umbilical	6
Laxity or enlargement of both rings	19
of the right	6
of the left.....	56
Varicose condition of the veins of the left spermatic process... ..	46
Right spermatic process unusually large.....	3
Left testicle strangulated in the ring	1
Hydrocele	8
An unusually large state of both testicles	3
of the right	3
of the left.....	10
Defective condition of the inferior extremities, from malformation, nodes, exostosis, mutilations, misplaced toes, ganglions, &c.	155
Varicose veins of both legs.....	35
of the left leg.....	71
of the right.....	64
Ulcers, cicatrices of ulcers, wounds, &c.....	138
Old fractures	18
Tumours	7

Flatness of the soles of the feet 34
 Punished 36
 Men who have been in the army, but who refused to show their
 discharges 3
 Total 1,390

ABSTRACT.

Recruits.	Inspected.	Approved.	Rejected.	Per Cent. Rejected.
Town Recruits	3,315	2,226	1,089	32.8
Country Recruits..	2,914	2,613	301	10.3
Total	6,229	4,839	1,390	22.3

No. II.

RETURN OF RECRUITS inspected at the Recruiting Depôt,
Dublin, from the 25th of December 1825 to the 24th of De-
cember 1826.

APPROVED 3,243

REJECTED 775

TOTAL INSPECTED 4,018

CAUSES OF REJECTION.

Unsound health, worn out, sottish intemperance	71
Weak intellect	3
Traces of scrofula	52
Muscular tenuity	27
Chronic cuticular affections	7
Traces of tinea capitis	4
Ophthalmia tarsi	10
Obscurity of the cornea	8
Specks on the cornea	39
Closed pupil	1
Amaurosis	1
Cataract.....	2
Puriform discharge from the ears	5
Defect of the sense of hearing	2
Loss of many teeth.....	12
Impediment of speech	5
Excessively large tonsils.....	1
Narrow chest, sternum in some cases protruded	6
Thinness, and defective amplitude of the chest	2
Defective condition of the superior extremities, on account of old fractures, contractions, mutilations, extenuation, &c.....	45
Projecting scapulæ	2
Deformed spine	19
Deformed pelvis	3
Hernia, Inguinal, both sides	1
right	6
left.....	7
Ventral	3

Hernia, Umbilical	1
Laxity of both rings	7
right ring	6
left ring	17
Spermatic cord right side thickened.....	3
Varicose veins left spermatic cord	18
Right testicle strangulated in the ring	1
Both testicles unusually large	1
Right ditto	1
Left ditto	3
Hydrocele, both testes	4
right testicle	5
left ditto	5
Gonorrhœa	3
Syphilis primitiva	17
consecutiva	2
Defective condition of the inferior extremities, on account of old fractures, malformation, extenuation, nodes, misplaced toes, supernumerary toes, contractions, ganglions, &c.....	86
Varicose veins, both legs	13
of the right leg.....	47
of the left	36
Ulcers, wounds, and old cicatrices	66
Traces of issues, chiefly on the back of the neck	16
Traces of fracture of one or both of the clavicles.....	17
Flatness of the soles of the feet	16
Traces of corporal punishment, on the back	37
on the breech	2
An old soldier refusing to show his discharge	1
Total	775

ABSTRACT.

Recruits.	Inspected.	Approved.	Rejected.	Per Cent. Rejected.
Town Recruits	2,347	1,675	672	28.6
Country Recruits..	1,671	1,568	103	6.1
Total	4,018	3,243	775	19.2

No. III.

RETURN OF RECRUITS inspected at the Recruiting Depôt, Dublin, from the 25th of December 1826 to the 24th of December 1827.

APPROVED.....	2,006
REJECTED	582
.....	—
TOTAL INSPECTED.....	2,588

CAUSES OF REJECTION.

Unsound health, worn out, &c.	48
Discharged from the service on account of visceral disease.....	4
Weak intellect	5
Traces of scrofula	28
Muscular tenuity	28
Chronic cutaneous affections... ..	10
Traces of tinea capitis	7
Wen on the head	1
Ophthalmia tarsi	7
Obscurity of the cornea	11
Falling down of the eyelids	1
Specks on the cornea	26
Fistula lachrymalis	1
Cataract	12
Strabismus	3
Puriform discharge from the ears	2
Deafness	1
Loss of many teeth.....	8
Impediment of speech	2
Transverse cicatrix on the front of the neck, supposed to be the result of an attempt to commit suicide	2
Excessively large tonsils	1
Want of due capacity of the chest	4
Defective condition of the superior extremities on account of old fractures, contractions, mutilations, extenuation, defor- mity, ganglions, &c. &c.....	49
Fracture of one or both of the clavicles.....	5
Projecting scapulæ	1

Deformed spine	7
Hernia Inguinal { right side	7
{ left side.....	6
Ventral	3
Laxity of the ring { both sides... ..	10
of the external { right side	7
oblique muscles { left side.....	5
Varicose veins left spermatic chord	10
Left testicle strangulated in the ring	1
Both testes unusually large	1
Left testicle enlarged	3
Gonorrhœa	1
Hydrocele, both testes	2
right	4
left	5
Syphilis primitiva	5
consecutiva	3
Defective condition of the inferior extremities from old fractures, malformation, extenuation, enlargement, disproportioned length, bunions, ganglions, &c.	65
Varicose veins of both legs	7
the right	28
the left	39
Ulcers, wounds, or cicatrices of ditto.	48
Traces of issues, chiefly on the back of the neck	9
Flatness of the soles of the feet	16
Traces of corporal punishment on the back	23
Mark of the letter D under the left arm pit	1
Total.....	582

ABSTRACT.

	Inspected.	Approved.	Rejected.	Per Cent. Rejected.
Town Recruits	1,778	1,253	525	29.6
Country Recruits..	810	753	57	7.09
Total	2,588	2,006	582	22.5

No. IV.

NUMERICAL RETURN OF THE RECRUITS examined in the Centre Recruiting District (Dublin), from the 25th of September 1804, to the 24th of December 1827, divided into Annual Periods, together with the Number approved, as also the Number found unfit for Military Service, and the Proportion per cent. of Rejections to the whole Number inspected.

Years.	Examined.	Approved.	Unfit.	Proportion per cent. unfit.
1804.....	486	383	103	21.2
1805.....	1501	1233	268	17.8
1806.....	1781	1415	366	20.8
1807.....	1776	1400	376	21.1
1808.....	1114	901	204	18.3
1809.....	1423	1103	320	22.4
1810.....	1523	1224	299	19.6
1811.....	1793	1480	313	17.4
1812.....	3320	2624	596	17.9
1813.....	2984	2531	453	15.1
1814.....	1535	1303	232	15.7
1815.....	3413	2759	654	19.4
1816.....	2740	2027	713	26.0
1817.....	1426	989	437	30.6
1818.....	1801	1090	711	39.5
1819.....	2783	2029	754	27.4
1820.....	1886	1296	590	31.2
1821.....	1986	1386	600	30.09
1822.....	3233	2274	959	29.6
1823.....	3100	2129	971	31.5
1824.....	3558	2496	1062	29.09
1825.....	6229	4839	1390	22.3
1826.....	4019	3243	775	19.2
1827.....	2588	2006	582	22.5

ABSTRACT.

Period from	Examined.	Approved.	Unfit.	Proportion Per Cent. Unfit.
25th Sept. 1804 to 24th Dec. 1827.	} 57,894	44,166	13,728	23.7

The proportion of conscripts rejected in France, on account of disabilities, appears to be larger than that of volunteers in this country. During the eight years, comprised in the period between the years 1816 and 1823 inclusive, 40,576 names were enrolled, according to their ages, in the department of the Seine, to furnish the contingent for the conscription, amounting to 5,825. To supply this number 11,735 men were drawn and submitted to the inspection of a recruiting board, who rejected 5,905 under the following heads:—

Low stature	1,483	
Deformity	1,021	} 4,422
Infirmities or diseases	3,401	
		<hr/>
Total	5,905	

If the number rejected on account of low stature be deducted from the whole number drawn, we shall find the amount to be 10, 252. From this number 4,422 were rejected in consequence of what is called medical defects (deformity or diseases), being at the rate of 43.1 per cent. The mean height of the conscripts approved was 1 metre, 683 mille metres, or about five feet six inches and a half English.

The conscripts are generally found to be tall, healthy, and vigorous, in an inverse ratio to the fatigue they endure during youth, and the privations to which they are exposed. Of the conscripts drawn in the rich province of Blesle, only 26 per cent. were rejected; while in the poor canton of Auzon 58 per cent. were found unfit, and this may be taken as a general example.—*Annales de Sciences Naturelles*, June 1827.

No. V.

I have stated, page 55, that when country recruits are deemed ineligible for the service by the district staff surgeon, they are referred to the ultimate decision of a medical board. It may be useful to young medical officers to know how that reference is conducted in the centre recruiting district. A return of the ineligible recruits, agreeably to the subjoined form, is transmitted to the deputy adjutant general, who communicates with Dr. Renny, director general of hospitals, in regard to the assembling of a medical board.

CENTRE DISTRICT.

RETURN OF RECRUITS arrived at Dublin for inspection, and considered ineligible by the district staff-surgeon.

Regiments.	Name.	Age.	Size.		Date of attestation.	Enlisted.		By whom first medically approved.	Causes of ineligibility.
			Feet.	Inches.		By whom.	Where.		

(Signed)

———— Inspecting Field Officer.

———— District Staff Surgeon.

Medical boards, for this duty, commonly consist of a deputy inspector of hospitals and two regimental surgeons. Each board is informed, that, “*in the event of the recruit being pronounced unfit to be retained, it is desirable the board should express its opinion as to the probability of his being enabled to impose on the public by re-entering the service.*” And it has hitherto been the usage, when a recruit is cer-

tified "unfit," to add "*that he is not likely to re-enter the service.*" A board seldom finds much difficulty in coming to a conclusion in regard to whether the man under examination ought or ought not to have been approved in the first instance; but with respect to "the probability of his being again enabled to impose on the public," a complex question is involved. In many instances the subject of discussion is not so much the nature of the defect which makes a man ineligible, as whether it is probable the medical person, before whom he may be brought for examination, will be sufficiently acquainted with the duty of examining recruits to discover the cause of his ineligibility; and possessed of adequate experience of the duties of soldiers, to enable him to duly estimate the degree of his infirmity. On account of the difficulty of determining this point, I believe a number of recruits have been returned fit by boards who would have been certified unfit, had no contingent clause in the certificate been required. The circumstance that a man is actually in the service is much stronger evidence of the probability of his being again approved, if he presents himself for examination, than the hypothetical opinion of a medical board, "*that he is not likely to re-enter the service.*" One instance came to my knowledge, where the members of a medical board allowed their fears in this respect to mislead their judgment; they declined to find a recruit unfit, although he had confessedly hydrocele; thus dispensing with an important regulation of the service (vide page 5, rule 1st). They exceeded their power, and recommended the surgeon of the corps to which the man belonged to perform the operation for hydrocele; but as he peremptorily declined to perform any doubtful operation upon a recruit who had not been finally approved, the proceedings of the board were revised; he was found unfit and discharged. It will appear, therefore, that the members of a board rarely find a recruit unfit on account of a blemish, which is not likely to affect his efficiency in a decided manner, their opinion being generally final; whereas a district surgeon, whose decision is only intermediate, finds it necessary to consider recruits ineligible for comparatively trivial defects, and sometimes for technical causes of disability. In regard to country recruits, I consider the responsibility much too great to be vested in one individual. I was lately informed by a staff-surgeon, that he had thought it his duty to recommend the discharge of 18 out of 31 recruits of this class; now I think it very probable, that had these men been brought before a board for ex-

amination, the rejected number would have been considerably reduced, and a certain amount saved to Government. Except in one case, which was that of a recruit who had been approved at Liverpool and subsequently rejected in Dublin, I never knew the members of a board called upon to defend their opinion, respecting the unfitness of a recruit; indeed were this circumstance to happen often, it would occasion much inconvenience to individuals, as well as to the service in general, as the members might be far removed from each other and the place where they had originally assembled; besides, unless the man in question were brought again before them, it is difficult to conceive how they could give satisfactory reasons for the opinion to which they had subscribed.

I have subjoined a numerical return of the country recruits, which have been found ineligible at this depôt, during the years 1825, 1826, and 1827, with their ultimate disposal.

Years.	Ineligible.	Discharged by I. F. O.	Unfit by Boards.	Total unfit.	Fit by board.
1825.....	585	20	281	301	284
1826.....	261	26	77	103	158
1827.....	128	12	45	57	71
Total.....	974	58	403	461	513

Proportion of ineligible recruits, discharged as unfit for the service, 47.3 per cent.

Recruits whose causes of ineligibility are very evident, as great deformity or contraction of the larger joints, are commonly not submitted to the inspection of a board; they are discharged by the inspecting field officer, and the expense incurred falls upon the subdivisional officer or the recruiting party. The amount of expense incurred on account of men, who are found unfit by a medical board, is charged to Government, as the disability is supposed to be not sufficiently obvious for a military officer to perceive.

Recruits, that are found fit by boards, join their respective regiments or depôts without delay. A certificate of the approval of

each man, signed by the members of the board, is transmitted to the regiment or depôt to which he belongs. The staff-surgeon does not sign the attestation.

With a view to enable the director general to communicate with the medical gentlemen, who have approved of disqualified recruits, the staff-surgeon is instructed to forward to his office monthly, a return, detailing the name of each recruit rejected by a medical board, the date of intermediate approval, the date and cause of rejection, with the name and residence of the medical officer, or country practitioner, who had passed him in the first instance.

In Ireland no militia surgeon, or private practitioner, was, until lately, authorized to examine recruits, as will appear by the following documents :—

Adjutant General's Office, Dublin, 9th Aug. 1817.

MEMORANDUM.

Recruits raised in this country, for regiments of the line, are not in future to be inspected by the medical officers of the disembodied militia, as these officers cannot be supposed to be in possession of the orders and regulations published from time to time, in regard to the examination of recruits.

(Signed) AYLMER, A. G.

Head Quarters, Dublin, 27th Dec. 1819.

GENERAL ORDER.

By the regulations of the army, the recruits raised by the recruiting parties are to be inspected and approved by military medical officers, who, by the instructions of his Royal Highness the Commander-in-chief, are held responsible for their being in every respect fit for his Majesty's service. It follows, that no officer, who is not employed in his Majesty's medical service, is authorized to make such inspections, as he cannot be made responsible for a breach of duty. And if any recruiting officer shall attempt to avail himself of the services of a private medical practitioner for the inspection of recruits, and if any such recruits shall thereafter be rejected, the whole of the expense attending their enlistment will be charged against such superintending officer.

By order of the Commander of the forces.

(Signed) AYLMER, A. G.

Adjutant General's Office, Dublin, 8th March 1823.

CIRCULAR.—MEMORANDUM.

• • • • •

Upon these occasions (namely, when a recruit cannot be conveniently seen by a subdivisional officer) the sergeant or non-commissioned officer in charge of the party, before taking the recruit to be attested, will apply to any military surgeon, who may happen to be on the spot, for his examination of the recruit; but in default of a military medical officer being at hand, a *private practitioner* must then be resorted to for that purpose.

• • • • •

(Signed) E. J. O'BRIEN, Colonel, A. A. G.

The memorandum, bearing date 9th August 1817, is virtually rescinded by the concluding paragraph of a circular (No. 505) bearing date, War-office, 24th January 1824, addressed to "Colonels of Regiments of Militia of Ireland," by the secretary at war, which is as follows:—

"I am also to add, that in future the surgeon of — regiment will be considered liable to be called upon to examine recruits of the line, at the station where the depôt of the — militia is situated, without any additional remuneration for this duty."

No. VI.

OPHTHALMIA.

IN consequence of the representations made of the prevalence of ophthalmia in several regiments in this part of the United Kingdom, and of the strong grounds which exist for suspecting, that, in many instances, the disease has been designedly brought on, and the cure of it resisted, for the obvious purpose of producing loss of sight, in the hope of obtaining thereby a high rate of pension, the following regulations on this important subject are to be strictly attended to by the army on this establishment.

1st.

Whenever ophthalmia appears in any regiment, the patients so diseased are to be immediately separated from the other soldiers, and accommodated in wards or rooms well ventilated, and properly darkened; and in all such cases, a special report is to be transmitted by the surgeon to the director general of hospitals, and to the district staff medical officer, who is required, on receiving such report, to visit said regiment without delay, and to remain at the quarter so long as his medical advice and personal assistance shall be required.

2d.

In such situations commanding officers will order frequent inspections of the whole regiment to be made by the surgeon, or assistant surgeon, for the purpose of detecting the early appearance of this disease, and of stopping its further progress; and whenever the origin of the complaint can be traced as depending upon contagion, a special report is to be made thereon to the director general of hospitals.

3d.

If, in the progress of the cure, any patient or patients show a tardiness or disinclination to obey the directions given to them by the medical officer, or if, from the bad character or irregular conduct of any patient, and the violence and long continuance of high inflammation of the eyes, after the appropriate remedies have been employed, there be reason to suspect that improper practices had been resorted to, every such patient or patients are to be separated from the others, and put under the care of a vigilant and intelligent orderly, or nurse, who can be thoroughly depended upon, to detect imposition, and to give a true report of future proceedings to the surgeon; a measure, which, if strictly enforced by the authority

of the commanding officer, cannot fail of being attended with the very best effects.

4th.

Officers commanding regiments are ordered to explain in the fullest manner to patients who have fallen under such suspicion, that not only the *pension* of *Chelsea* hospital will be withheld from every soldier labouring under ophthalmia, against whom satisfactory evidence shall be produced of his having resisted the measures proposed for his relief, but that adequate punishment will be inflicted by the sentence of a court martial on those who shall be detected in applying irritating substances to the eyes in order to produce the disease.

5th.

It is further ordered, that in future, previous to granting a recommendatory discharge to any soldier who has become totally or partially blind, commanding officers shall satisfy themselves by strict inquiry of the medical officers and attendants, that no suspicion exists of the disease having been produced by improper practices, or of the cure having been designedly prevented; and an ample certificate to that effect, signed by the commanding officer and the regimental surgeon, must be inserted in the discharge.

6th.

In all doubtful cases, commanding officers will assemble a court of inquiry, for the purpose of investigating them; and whenever a recommendatory discharge is withheld from a soldier become unfit for service from ophthalmia, a *special report* of the circumstance must be made, for the information of the lieutenant general commanding.

7th.

Officers commanding regiments are to transmit along with every recommendatory discharge for ophthalmia a certificate, signed by the attendant staff or regimental medical officer as the case may be, setting forth, that during the whole progress of the disease, the patient so recommended had done every thing within his power to forward recovery, and that the defect or loss of vision which had occurred was not justly to be imputed to intentional neglect or misconduct on his part.

Lastly.

The foregoing regulations are to be frequently read and explained to the troops; and as the strict and judicious enforcement of them must be attended with the most beneficial effects, it is ex-

pected that the active and zealous cooperation of general officers, of officers commanding regiments, of the director general of hospitals, and the staff and regimental medical officers of every description will at all times be given, to check the further progress of this most distressing disease, and to rescue the character of the British soldier even from the suspicion of practices so base in themselves, and so highly prejudicial to his Majesty's service*.

Army Medical Office, 5, Parliament Street, Dublin,
1st December, 1827.

The foregoing orders, which have been extracted from the book of regulations for the army serving in Ireland, published by order of Lieutenant General Sir George Murray, commanding the forces, dated Dublin, 1st June, 1826, and signed J. Gardiner, deputy adjutant general, are to be pasted upon boards, to be hung up in a conspicuous part of the ophthalmic wards of every general and regimental hospital in Ireland, and read and explained to the several patients labouring under the above disease, once at least in every month, by the senior staff or regimental medical officer, who is held responsible for their strict observance by all persons whom they may concern.

G. RENNY,
Director General of Hospitals in Ireland.

* "I never saw a more humiliating picture of depravity or perversion of reason, call it what we may, than I have witnessed in a ward filled with soldiers labouring under ophthalmia; most of the cases, as I learned from the surgeon in attendance, being factitious. Inflammation artificially excited is most painful, and is kept up under every privation which can make life miserable: locked up in a dark ward, and permitted to have intercourse only with the officers of the hospital, nurses, and orderlies; confined to diet, which from the absence of every stimulating material is most disrelishing; suffering under painful external applications and nauseating internal medicines; phlebotomized and leeches till their complexions are bloodless, their pulse hæmorrhagic, and the frightful train of nervous symptoms which excessive bloodletting produces is established in the system;—all these evils, in many cases, have no effect but to confirm the soldier in his determination to destroy one or both of his eyes, that he may be dismissed from the service with the chance of a small pension."—Letter to Dr. Renn by Dr. Cheyne.

No. VII.

Excerpt from a work, entitled, "Memoire sur le choix des hommes propres au service militaire dans l'armée de terre et sur leur visite devant les conseils de révision par Moricheau Beaupre, D. M. chirurgien en chef de l'hôpital militaire de Montmédy." Paris, 1820.

CAUSES OF EXEMPTION FROM MILITARY SERVICE*.

TABLE I.

PHYSICAL DEFORMITIES.

Of the Cranium.

1. Universal baldness, or great deficiency of hair on the scalp.
2. Continuity of the superior and anterior fontanelles.
3. Separation of the sutures.
4. Monstrous size of the head.
5. Depression of the bones of the cranium, or any other sensible deformity in its configuration.
6. Great lesions of the cranium, proceeding from complicated wounds, considerable fractures, the operation of trepan, or from ulcers with caries followed by exfoliation of the whole thickness of the bone. Very serious accidents may result from injuries of the head, such as aberration of the mental faculties, loss of memory, frequent pains in the head, vertigo, lethargy, and other nervous and spasmodic affections, these are also sometimes, and even long after the original injury, the consequences of a violent commotion of the brain without concomitant fracture of the skull.

* It will be recollected that the French army is recruited by compulsory levies, and that the *onus* of proving the existence of a cause of exemption from military service, frequently falls upon the conscript himself. "Les jeunes gens convoqués ont le droit de faire valoir les maladies ou infirmités dont ils sont atteints pour obtenir s'il y a lieu l'exemption du service militaire." * * * "Les maladies qui ne sont curable qu'à l'aide de l'instrument tranchant deviennent à juste titre des cas de dispense absolue."—Page 76.

Of the Face.

7. Red, grey, or livid spots, or hairy patches covering a great part of the face.
8. Hideous mutilations of the face, in consequence of large and deep burns, of the small pox, or of surgical operations.
9. Considerable loss of substance in the cheek.
10. Partial or total loss of either jaw.
11. Incurable deformity of either jaw, capable of impeding mastication, speech, or the biting of the cartridge.

Of the Eyes.

12. Complete loss of the cilia or of the hair of the eyebrows.
13. Adhesion of one or both eyelids to the eyeball.
14. Atrophy of an eye.
15. Loss of an eye, or of the use of an eye.
16. Blindness, congenital or accidental.

Of the Ears.

17. Very large or deformed ears, or small and thin ears, disagreeable in appearance, and unfit for their function.
18. Loss or want of the external ear.
19. Obliteration or imperforation of the auditory canal.
20. Straitness or contraction of the auditory canal, capable of preventing the free passage of sounds.
21. Congenital deafness or dumbness.
22. Complete accidental deafness, or incomplete and of long standing.

Of the Nose.

23. Extraordinary size of the nose.
24. Extreme smallness of the nose, with contraction of the anterior meatus of the nasal fossæ.
25. Nose very much crushed down, almost wanting, or deformed in any way tending to disfigure the countenance, or of much altering the voice, or sensibly impeding respiration.
26. Complete loss of the nose or of a portion of it.

Of the Mouth and Fauces.

27. Congenital harelip, simple, double, or complicated, with division of the alveolar process of the palate.
28. Total or partial loss of one of the lips.

29. Lips constantly open and pendulous.
30. Total loss of the incisor or canine teeth of either jaw.
31. Cleft, separation, fissure, or perforation, loss of substance, or total loss of the arch of the palate.
32. Atrophy of the tongue.
33. Adhesion of the tongue to the parietes of the mouth.
34. Partial or total loss of the tongue.
35. Almost complete destruction of the velum.
36. Dumbness.
37. Extinction of the voice, or manifest alteration of it by schirrhous of the tonsils, bifurcation or destruction of the soft palate, or contraction (*racornissement*) of the epiglottis.
38. Complete and permanent aphonia.
39. Stammering to a great extent, such as to compromise the safety of a post.

Of the Chest.

40. Gibbosity or protuberances, situated on the anterior or posterior part of the chest.
41. Protuberance of the back, with flattening of the anterior part of the chest, or simple depression of the sternum.
42. Adhering cicatrices of the parietes of the chest, the consequence of wounds, with lesion of the viscera.
43. Multiplication and development of the mammæ, resembling those of women.

Of the Vertebral Column.

44. Curvature or deviation of the cervical, dorsal, or lumbar portion of the spinal column.

Of the Pelvis.

45. Deviation or unnatural prominence of one of the sides of the pelvis.

Of the Abdomen.

46. Artificial or unnatural anus.

Of the Genital Parts.

47. Unnatural situation of the orifice of the urethra, either superiorly or inferiorly, at the middle or root of the penis (epispadias ou l'hypospadias).
48. Considerable contraction of the urethra.
49. The absence, and total or almost total loss of the penis.

50. Absence of the testicles*.
51. Testicles remaining at the ring.
52. Atrophy of both testicles.
53. Loss of both testicles.
54. Absence or total loss of the genital parts.
55. Discharge of the urine by the umbilicus.
56. Hermaphroditism, that is to say, unnatural conformation of the genital parts, resembling a union of the sexes.

Of the Members in general.

57. Unnatural development and monstrous increase of the substance of the bones.
58. Curvature of the long bones.
59. False or unnatural joints.
60. Complete ankylosis of a joint.
61. General or partial atrophy of a limb.
62. Permanent contraction of a limb or part of a limb.
63. Weakness, difficulty of moving, or total and irremediable loss of motion of a limb.
64. Privation of a limb, or an essential part of a limb.
65. Depressions, inequalities, deviations or shortening of the extremities, proceeding from simple or compound fractures badly cured.
66. The same, proceeding from articular separations, violent sprains, and neglected or badly treated luxations.
67. Old or recent cicatrices, large and deep, combined with varices, livid, unsound, with symptoms of a weak constitution.
68. Hard cicatrices following burns, contusions, gun-shot wounds, surgical operations, or any other solution of continuity with or without loss of substance, principally those on the lower limbs, adhering to the muscles, tendons, capsular ligaments, or bones, which, by impeding the action of the muscles and keeping the limb in a constant state of rigidity, prevent free motion; and also cicatrices which are tender, liable to become painful, inflamed and opening anew from marching, compression, friction of clothes, falls, cold, &c.

The Superior Extremities.

69. The superior or inferior extremities too long or too short.
70. One shoulder much lower than the other.

* I have met with only one instance where both testicles had not descended.

71. Congenital deformity of the hands.
72. Extraordinary size of the hands, proceeding from a natural lymphatic engorgement, or a general varicose state of the venous capillaries, or from habitually ulcerated chilblains.
73. General callosity with painful fissures in the palms.
74. Fingers united.
75. Supernumerary or bifurcated fingers.
76. Permanent extension or flexion of one or of several fingers, as well as irremediable loss of motion of these parts.
77. Loss of the first phalanx of the thumb of the right hand.
78. Total loss of a thumb.
79. Partial or total loss of the index finger of the right hand.
80. Loss of the first and second phalanges of the fingers of the right hand.
81. Total loss of two fingers of the same hand.
82. Mutilation of the last phalanges of the fingers of either hand.
83. Great deformity of the nails.

Inferior Extremities.

84. Great deformity of the inferior extremities.
85. Curvature of one or both knees, or being in-kneed.
86. Extraordinary size of one or both limbs.
87. Extraordinary projection of the inner ankle, in consequence of the natural or accidental deviation of the bones forming the articulation of the foot with the leg.
88. Permanent contraction of the tendo achillis.
89. Well-marked lameness.
90. Very short and thick feet.
91. Inversion of the feet, or the feet called *bots ou torts*.
92. Flat feet,—long thin feet.
93. All the toes united,—double or bifurcated toes*.
94. Deviation of the great toe, superposition of this toe; bunions.
95. Overlapping or superposition of any of the other toes.
96. Retraction or unnatural curvature of all the toes of a foot, or of two toes at least.
97. Partial or total loss of a great toe.
98. Partial or total loss of two toes of one foot.
99. Immobility of the great toe.
100. Immobility of two toes of a foot.
101. Mutilation of the last phalanges of the toes of either foot.

* This formation is very rare. I have met with it only twice.

TABLE II.

DISEASES AND INFIRMITIES.

Ulcers.

1. Old constitutional ulcers of a bad character.
2. Ulcers with varicose veins.
3. Inveterate indolent and scorbutic ulcers.
4. Phagedenic and darts ulcers.
5. Scrofulous ulcers.
6. All ulcers of whatever kind, provided they are extensive, deep, and situated on parts liable to motion. When the soft parts have been extensively destroyed, or the bones exposed, the cicatrix must be adherent and unsound.

Fistulæ.

7. Fistulæ penetrating into osseous cavities, joints, spongy bones, or enlarged glands.
8. Fistulæ affecting excretory ducts, or which communicate with the interior of the larynx, of the thorax, or abdomen.
9. Urinary and fecal fistulæ.

Abscesses.

10. Large abscesses having a constitutional origin.
11. Indolent abscesses apparently constitutional, if it be probable that the subjacent bones are affected.
12. Congestive abscesses; Pott's disease, or caries of the vertebræ.
13. Internal or deep-seated abscesses which have an external opening.

Tumours.

14. Varicose, aneurismatic, or erectile tumours, fungus hematodes.
15. Aneurism of the principal arterial trunks, internal or external.
16. Constitutional chronic tumours.
17. Polypi of the auditory tube, of the frontal or maxillary sinuses, throat, pharynx, nose, &c.
18. Varicose excrescences, incurable fungous or sarcomatous tumours.
19. Considerable enlargement of the cervical, submaxillary, axillary, or inguinal glands, as also of the mesenteric glands, marasmus.
20. Lachrymal, salivary, or hepatic tumours.

21. Large or numerous encysted tumours of whatever nature or kind, if they cannot be dispersed or removed without a surgical operation.

22. Exostoses.

23. White swelling, and other important diseases of the joints.

24. Scrofulous tumours, external or internal.

25. Cancerous tumours, or fleshy excrescences of the skin.

Hernia.

26. Abdominal hernia, single or double, reducible or irreducible, easy or difficult to be retained in its place.

27. Hernia of the lungs.

28. Procidencia, or hernia of the iris.

29. Muscular hernia or displacement.

Organic Degenerations.

30. Schirrhous, and all large schirrhous excrescences.

31. Cancer and carcinoma.

32. Osteo-sarcoma.

33. Tubercles.

34. Transformation of muscles into a white or fatty texture.

35. Chronic hardening of the cellular tissue of the scrotum or of a limb, &c.

These diseases are to be considered of importance wherever they may be situated, or under whatever form they may appear.

Diseases of the Skin.

36. Moist, extensive constitutional darts; confirmed darts constitution.

37. Obstinate and complicated itch (scabies).

38. Elephantiasis.

39. Lepra.

40. Tinea capitis.

41. Phthiriasis, or the lousy disease.

42. Ichthyosis, or pellagra.

Observation. All obstinate disgusting hereditary or contagious diseases of the skin.

Diseases of Muscles.

43. Ruptures in the fleshy and tendinous parts of the muscles of the lower extremities.

44. Permanent retraction of the muscles.

45. Wry-neck of long standing.
46. Atony, or constant relaxation of the muscles of a part.

Diseases of the Bones.

47. Caries, especially of the spongy bones.
48. Necrosis.
49. Exostosis.
50. Periostosis.
51. Spina ventosa.
52. Diastasis.
53. Old dislocations.
54. Severe fractures.
55. Violent sprains, with complete or incomplete displacement of a bone.
56. Softening and fragility of the bones.
57. Swelling of the heads of bones.
58. Foreign bodies in the joints.
59. Dropsy of the joints.

Nervous Diseases.

60. Mania.
61. Mental alienation (*folie*).
62. Idiotism or imbecility.
63. Violent vertigo.
64. Epilepsy.
65. Somnambulism.
66. Tic douloureux, or convulsion of the face.
67. Difficulty of deglutition from paralysis of the œsophagus.
68. Constant hickup.
69. Constant dyspnœa.
70. Habitual asthma, whether it be dry, humid, or catarrhal.
71. Periodical or convulsive asthma.
72. Palpitation of the heart.
73. Violent and constant palpitation in the epigastric region.
74. Habitual vomiting; rumination.
75. Polyphagia; bulimia; voracity or insatiable appetite.
76. Sciatica.
77. Habitual trembling of the head or whole body.
78. Partial or general trembling of the limbs.
79. Chorea.
80. Habitual convulsion, general or partial.
81. Complete or incomplete paralysis of a part.

General or Constitutional Diseases.

82. Rachitis.
83. Scrofulous sores.
84. Well-marked scrofulous constitution.
85. Constitutional weakness and extreme leanness.
86. Obesity, or polysarcia.
87. Marasmus, with or without fever.
88. Hectic fever, with or without organic lesion.
89. Intermittent fever of long standing, and incurable.
90. Scurvy in a high degree.
91. Scorbutic and venereal cachexia.
92. Anasarca.
93. Chronic jaundice.
94. General and habitual sweating.
95. Fetid sweating.

Observation. Excessive predominance of the sanguineous system, or the plethoric constitution, with large head, short neck, bloated face, prominent veins, so that the countenance becomes dark coloured, and the person is threatened with apoplexy on wearing a stock.

Diseases of the Cranium.

96. Hydrocephalus.

Of the Ears.

97. Habitual fetid and purulent discharge from the auditory canal.

Diseases of the Eyes.

98. Paralysis of the upper eyelids.
99. Ectropeon.
100. Trichiasis.
101. Habitual lippitudo.
102. Chronic purulent discharge from the eyelids.
103. Chronic inflammation and ulceration of the eyelids.
104. Involuntary motions of the eyelids.
105. Excrescence from the caruncula lachrymalis.
106. Epiphora.
107. Varices of the conjunctiva.
108. Ulcers and fistulæ of the cornea.
109. Varicose engorgement of the cornea.
110. Staphyloma.

111. Specks on the cornea, opposite the pupil, or extensive enough to render the sight obscure, especially of the right eye.
112. Chronic, habitual, and incurable ophthalmia.
113. Habitual or frequent fluxion to the eyes.
114. Pterygium.
115. Hydrophthalmia.
116. Exophthalmia.
117. Habitual winking with the right eye.
118. Habitual convulsions of the eyes.
119. Myopia.
120. Diplopia, or double vision.
121. Amblyopia, weak or confused sight.
122. Hemeralopia.
123. Nyctalopia or night blindness.
124. Amaurosis.
125. Weakness of sight proceeding from injury, or excessive sensibility of the iris, &c. &c.
126. Blindness caused by Opacity of the cornea.
- Absence or closure of the pupil.
- Adhesions of the iris to the cornea.
- Paralysis of the nerves of the iris.
- Cataract.
- Paralysis of the optic nerve.
- Glaucoma.
127. Strabismus, when in a great degree.

Diseases of the Nose.

128. Habitual bleeding from the nose.
129. Purulent and fetid discharge from the nose.
130. Ozæna.
131. Every ill-conditioned ulcer of the nose.
132. Swelling of the cartilaginous septum of the nose, obliterating the nasal fossæ.

Diseases of the Mouth.

133. Anchylosis of the inferior jaw.
134. Swelling and excessive prolongation of the tongue.
135. General caries of the teeth; loss of many teeth.
136. Enlargement of the tonsils.
137. Involuntary discharge of saliva.
138. Breath fetid from irremediable causes.

Diseases of the Neck.

- 139. Goitre or bronchocele, large enough to impede respiration.
- 140. Ossification of the thyroid gland.
- 141. Laryngeal phthisis.

Diseases of the Chest.

- 142. Aneurism of the heart, and all affections of that organ.
- 143. Phthisis pulmonalis, in its first, second, and third degree.
- 144. Hemoptysis from original habit, habitual or periodical.
- 145. Hydrothorax.
- 146. Hydropericardium.

Diseases of the Abdomen.

- 147. Chronic peritonitis.
- 148. Inflammation or chronic enlargement of one or more of the abdominal viscera.
- 149. Marasmus.
- 150. Ascites.
- 151. Hematemæsis.
- 152. Melena.
- 153. Tape-worm.
- 154. Chronic dysentery.
- 155. Chronic and habitual discharge of blood.
- 156. Permanent incontinence of fecal matter.
- 157. Internal hemorrhoidal tumours.
- 158. Hemorrhoidal flux.
- 159. Ulcerated hemorrhoids.
- 160. Habitual prolapsus of the rectum.

Diseases of the Urinary Passages.

- 161. Gravel, or calculous nephritis.
- 162. Hematuria.
- 163. Habitual or frequent retention of urine, in consequence of a chronic affection of the urethra or bladder.
- 164. Chronic catarrh of the bladder.
- 165. Vesicular calculus.
- 166. Incontinence of urine.
- 167. Diabetes.
- 168. Permanent retraction of one or both testicles, so as to produce a painful sensation at the ring.
- 169. Hydrocele of the tunica vaginalis or chord.

- 170. Varicocele
- 171. Cirsocele.
- 172. Hematocele.
- 173. Sarcocele.

Observation. All incurable affections of the scrotum, testicles, and spermatic chord.

Diseases of the Superior and Inferior Extremities.

- 174. Numerous and large warts covering the hands, so as to prevent the free motion of the fingers.
- 175. Relaxation of the articular capsules and ligaments, with extraordinary mobility, and voluntary or involuntary luxation of a bone.
- 176. Large and numerous varices.
- 177. Rheumatism or chronic gout, with swelling of the joints, engorgement of the surrounding tissues, and difficulty or impossibility of motion.
- 178. Chronic rheumatic pains.
- 179. Habitual œdema of the lower extremities.
- 180. Habitual sweating of the feet.
- 181. Nails deeply sunk in the flesh.

CONCEALED OR DISSEMBLED DEFECTS AND DISABILITIES*.

Class I. Defects which are comparatively obvious.

- 1. Baldness.
- 2. Loss of the hair of the eyebrows.
- 3. Loss of teeth.
- 4. Fetid breath.
- 5. Inguinal hernia.

* The dissimulation of infirmities is chiefly practised by substitutes. Sometimes, however, men who have been drawn as conscripts conceal defects, under the idea that certain disabilities, as hernia, are disgraceful (*maladie honteuse*), and would rather serve than let it be publicly known that they have a complaint of that kind. "Une grande partie des remplaçans admis dans les dernières levées sont des gens oisifs et misérables que le besoin et l'appât de l'argent ont attirés des villes et des campagnes, et que je considère comme une peste morale repandue dans les legions." Page 43.

6. Incontinence of fecal matter.
7. Habitual prolapsus of the rectum.
8. Retention or incontinence of urine.
9. Discharge of urine from the umbilicus.
10. Habitual sweating of the feet.
11. Shortness of an inferior extremity*.

Class II. *Disabilities which cannot be correctly ascertained until after some experience of an individual.*

1. Weakness, or total loss of, memory.
2. Short-sightedness.
3. Epilepsy.
4. Somnambulism.
5. Periodical hemoptysis.
6. Asthma.
7. The existence of tenia.
8. Habitual vomiting.
9. Insatiable voracity.
10. Rumination.
11. Gravel.
12. Hemorrhoidal flux.
13. Chronic catarrh of the bladder.
14. Rheumatic and neuralgic pains.
15. Intermittent fever of long standing and incurable.
16. Debility.

FEIGNED DEFECTS OR DISABILITIES †.

A. *Disabilities depending upon the will.*

1. Epilepsy.
2. Idiostism.

* "Une chaussure artestement faite derobe le léger racourcissement d'une extremité inferieure." Page 81. The conscripts seem not to have been generally examined by a medical officer in a state of nudity.

† "Les jeunes gens sont seuls intéressés a simuler devant les conseils de revision des maladies et des infirmités, dans la vue de se soustraire aux obligations de la loi." Page 83. * * * * "Il n'est rien que l'esprit n'invente la malice ne trouve et la ruse ne con-

3. Want of memory.
4. Melancholy madness.
5. Mania*.
6. Deafness.
7. Falling down of the upper eyelid of the right eye.
8. Involuntary motions of the eyelids.
9. Squinting.
10. Convulsive motions of the eyelids and eyes.
11. Dumbness.
12. Aphonia.
13. Hesitation of speech.
14. Wryneck.
15. Gibbosity.
16. Round-shoulderedness.
17. Curvature of the spine.
18. Voluntary vomiting.
19. Rumination.

seille pour tromper le médecin et lui faire prendre le faux pour le vrai — l'apparence pour la réalité. L'imbecille même devient alors fertile en expédiens et porte loin le talent admirable de l'imitation et le raffinement de la fourberie." Page 84. * * * *

"Les officiers de santé doivent, pour l'utilité de la chose l'honneur de la médecine légale et leur propre satisfaction, faire preuve d'un tact fin et délicat, d'un jugement sain et d'un talent exercé. Ils ne se montreront ni trop incrédules ni trop confians; leur sagesse et leur justice se feront surtout remarquer par les soins apportés à éviter une erreur préjudiciable et en procédant avec calme et sangfroid à l'examen d'une maladie que leur connaissances, leur expérience fondée sur l'habitude de voir et de comparer, ainsi que la manière dont l'individu l'accuse, leur feraient préjuger au premier coup d'œil, simulée et volontaire. L'art de parvenir à la découverte de la vérité veut qu'on ne témoigne point de suite une trop grande défiance que l'on emploie des moyens persuasifs que l'on mêle la douceur à la sévérité et que l'on sache enfin opposer adroitement la ruse à la ruse." Page 56.

* "L'ingestion de substances particulières et vénéneuses dont la connaissance devrait toujours rester profondément cachée au vulgaire produit la faiblesse du pouls la folie furieuse, les palpitations, et la goutte-sereine." Page 95.

20. Retention and incontinence of urine.
21. Partial or general trembling.
22. Paralysis*.
23. Contraction or constant flexion of the fingers or limbs.
24. Lameness.
25. Rheumatic or neuralgic pains.
26. Elevation of one shoulder.
27. Anchylosis or stiffness of a joint.
28. Shortness or deviation of a limb.
29. Inversion of the feet.

B. *Artificial or factitious disabilities, without any alteration of tissue or important lesion of function.*

1. Jaundice.
2. Ecchymosis.
3. Phthiriasis, or lousy disease.
4. Purulent discharge from the ears.
5. Hemoptysis.
6. Hematemæsis or vomiting of blood.
7. Inguinal and scrotal hernia.
8. Prolapsus of the rectum.
9. Internal hemorrhoids.
10. Hematuria.
11. Excretion of gravel.
12. Change of the colour and consistence of the urine.
13. Hemorrhoidal discharge.
14. Varices.

C. *Excited disabilities by external or internal agents.*

1. Wounds.
2. Mutilations.

* "Une homme simulait parfaitement une hémiplegie dont l'apparence en avait imposé à un chirurgien très instruit: il ne fallut qu'un peu de réflexion pour faire reconnaître de suite que la maladie était feinte et que le délinquant se trahissait lui-même parce que la contraction des muscles qui dans la maladie réelle porte la commissure des lèvres en dehors, et a pour cause le défaut d'action des muscles antagonistes avait lieu du côté même prétendu paralysé, ce qui était évidemment contraire à l'observation et à la théorie admise." Page 90.

3. Ulcers.
 4. Eruptions (dartres).
 5. Tinea capitis.
 6. Eruption of pustules ; petechiæ.
 7. Ophthalmia.
 8. Scurvy of the gums.
 9. Caries or loss of almost all the teeth.
 10. Hydrocephalus.
 11. Vertigo.
 12. Furious madness.
 13. Emphysema.
 14. Ascites*.
 15. Tympanites.
 16. Hydrocele.
 17. Hematocele.
 18. Inguinal or scrotal hernia.
 19. Vomiting.
 20. Weakness of the pulse.
 21. Fainting.
 22. Palpitation of the heart.
 23. Amaurosis.
 24. Fever.
 25. Emaciation and debility.
-

* "Il en est qui simulent une hydropisie, ascite, et vaginale, moyennant l'injection d'un liquide aqueux et innocent." Page 95.

No. VIII.

(See page 107, *Feigned Disabilities.*)

Pat. Maguire surrendered himself at this depôt as a deserter from the 87th regiment, on the 13th February, 1828. Although there was, from the first, strong presumptive evidence that he was the same person who had been discharged from the Company's service, still a doubt might be entertained in that respect. On examining him, however, every shade of uncertainty was removed. I found him to be the veritable Pat. Maguire that I saw in the East India Company's depôt hospital, and the Fort Pitt general hospital in 1824 and 1825. After being a considerable time under the care of Dr. Davies, who called into consultation several other medical officers of the garrison, he was at the Doctor's request transferred to Fort Pitt. His discharge certifies, that "Gunner Patrick Maguire has served honestly and faithfully (the Honourable East India Company) for the space of one year and one hundred and thirty-three days; but being unfit for service, in consequence of chronic rheumatism of the right hip, he is, by order of the Honourable Court of Directors, hereby discharged." Maguire is a well made, active, healthy young man; and if he chooses may become a good soldier. There can be no doubt entertained that his statement respecting the hurt he received was fictitious, and that the lameness was merely assumed.

(See page 136, *Epilepsy.*)

Medical officers cannot take too much care to prevent becoming the dupes of simulators of this disease, and to protect Government from incurring expense on account of imposition. Only a few days ago (February, 1828) I was instructed by the deputy adjutant general to inspect a pensioner, who had been discharged on account of epilepsy, and to grant him a certificate in regard to his infirmity, with the view of his applying to the Commissioners of Chelsea Hospital for an increase to be made to his pension. The man stated that he had a paroxysm every day about twelve o'clock. I observed to him, that, unless I was present during a fit, I could not certify that he suffered under epilepsy. While conversing with him respecting his complaint, he began to tremble, his whole

body then became agitated; at length he sunk to the ground, and the contorsions and violent exertions of the body became very violent. I soon saw that the paroxysm was fictitious, and after allowing him to tire himself, I told him to rise, as I was satisfied in regard to the nature of his disability. The agitation of the limbs rapidly subsided, and he got on his legs in two or three minutes, seemingly well pleased with the scene he had enacted. This man has drawn a pension from government for sixteen years.

(See page 168, *Contractions*.)

Batts has at last virtually given in. On joining the brigade from Ireland, he admitted that the contraction of his knee was less than it had been, and that the extremity was becoming more efficient. As the amendment made but slow progress, Mr. Bramley, assistant surgeon to the brigade, informed him, that, in the event of the improvement of his knee joint not becoming more decided, he should consider it necessary to recommend his being transferred to a warm climate, perhaps to Sierra Leone, as a most effectual means of relaxing the contraction. This intimation had scarcely been made to him more than a day or two when the limb became nearly straight, and before a week had passed he applied for a short furlough. He observed, when this application was made, that a temporary absence from the corps would in all probability be followed by a restoration of the limb to its natural state. The furlough was very properly granted, under an impression that he would have a good opportunity of returning to the brigade confessedly in an efficient condition. He joined about the middle of February; and the following is an extract from a report made by Mr. Bramley to the medical board respecting him: "The limb has gained its natural size, and the contraction, though not altogether recovered, is considerably improved. The heel comes in contact with the ground at every footstep, the knee inclining inwards, and the foot somewhat everted, giving the appearance, when in an upright position, of a soldier standing at ease. He expresses himself so far recovered as to be able to undertake the ordinary duty of a soldier." It is not surprising that there should be some degree of stiffness in the knee joint, when it is considered that he has kept the limb in a *constrained position for nearly three years*.

When a malingerer has by mild but firm and judicious measures

been induced to give in, I consider the circumstance of some importance to the service. Owing to the frequent intercourse which exists among soldiers, the event becomes often extensively known; hence a useful warning is afforded, by which means individuals who may be disposed to simulate disabilities are deterred from making an attempt. On the other hand, when a schemer succeeds, hope is excited, and his example may be imitated by numbers. In a great many instances I believe the inmates of an hospital are aware of the circumstance when their comrades are malingering, although they very rarely, indeed almost never give the medical officer a hint on the subject. An informer becomes an object of universal detestation; and hence the difficulty of accurately ascertaining the various methods of simulating disease. In all cases respecting which a medical officer finds some difficulty in making up his mind, patience and perseverance are strongly indicated; and when a soldier is presumed to be a determined schemer, it is bad policy to recommend him to be discharged, under the idea, that as he is not likely to become useful in the ranks the service would be benefited by getting rid of him, or to promote his views by assigning as a reason for discharging him *some possible or imaginary physical infirmity*, when the real cause for wishing to discharge him is a perversity of mind, which induces him to pretend to be infirm or unhealthy, and inspires him to endure, often for a long time, any thing rather than do his duty.

One of the first things a man of this kind frequently does after he obtains his discharge, is to avail himself of the official statement of the cause of his being unfit for the service to apply for a pension; and as the application is invariably made through medical officers, who he presumes to be unacquainted with his character, it would be surprising if he did not sometimes obtain a favourable representation of his case. Similar reasons may be urged with regard to the propriety of exercising much care not to send a schemer home from a foreign station, such as India, on account of infirm health. The mere circumstance of a man having been so transferred at the recommendation of a board of medical officers, affords a strong presumption that he had suffered under some serious cause of disability, although no well-marked trace of any material disease may be discoverable on his arrival in this country; and persons of the stamp alluded to never fail to adduce this fact in their favour most forcibly; indeed they commonly seem to consider it alone as an incontestable proof that they ought to be dis-

charged, either with or without a pension. This kind of evidence is sometimes difficult to set aside, although it certainly does not always produce conviction.

Many a soldier is admitted on the sick list on account of some complaint which requires medical treatment, who during the period of convalescence becomes in love with the ease and comfort of the hospital establishment, and evinces no disposition to leave the hospital. His first intention as a schemer may be merely to evade duty, but by degrees his views extend to an endeavour to get his discharge, and if possible with a pension "on account of disability contracted in the service." Whenever a convalescent begins to think himself very comfortable in hospital, he is in a fair way of becoming a malingerer. But what is more remarkable, the same man, who did every thing he could to procure his discharge, will frequently in the course of a short period evince an equal degree of anxiety to re-enter the service. This day (4th March) I inspected a recruit, who by a certificate which he produced was admitted a pensioner on the East India Company's military fund at nine-pence per day, "in consideration of his being rendered incapable for service, having lost the use of his left hand." His left superior extremity is at present efficient in every respect; and that it has been so for some time (if it was ever otherwise) may be inferred from the circumstance, that the muscles of the left arm are as much developed as those of the right. This man's certificate is dated London, 25th July, 1827: he served four years in India, is about 25 years of age, and professes to be very anxious to re-enter the Company's service.

When soldiers who have but short service, or whose disabilities are presumed rather than demonstrated, receive pensions, in other words, when a man's claim is not strong from servitude, or a doubt may be entertained as to the reality and probable permanency of a disqualifying disease, it would perhaps be advisable that the allowance should invariably be merely conditional or temporary, so as that a pensioner should be examined by a medical officer, and reported upon, at particular periods, for the information of "The Lords and others Commissioners of Chelsea hospital." The operation of this measure may be partly inferred from the following case. Peter Lynch was, on the 15th March, 1826, discharged from the 44th regiment after three or four years service, in consequence of "pulmonic complaint," with a pension of sixpence a day for one year. In April, 1827, he applied to me as "a medical officer of the re-

gular army," by desire of the Secretary to the Commissioners at Chelsea, for a report on the state of his health, which he received. His pension was not renewed. He then applied through the deputy adjutant general to be allowed to re-enlist in the 44th regiment, and was rejected on examination, in consequence of his having been lately discharged on account of disease. Shortly after he enlisted in the country, and came to Dublin a recruit for the 27th regiment: he was returned ineligible for the service; then brought before a medical board, by which he was finally approved.

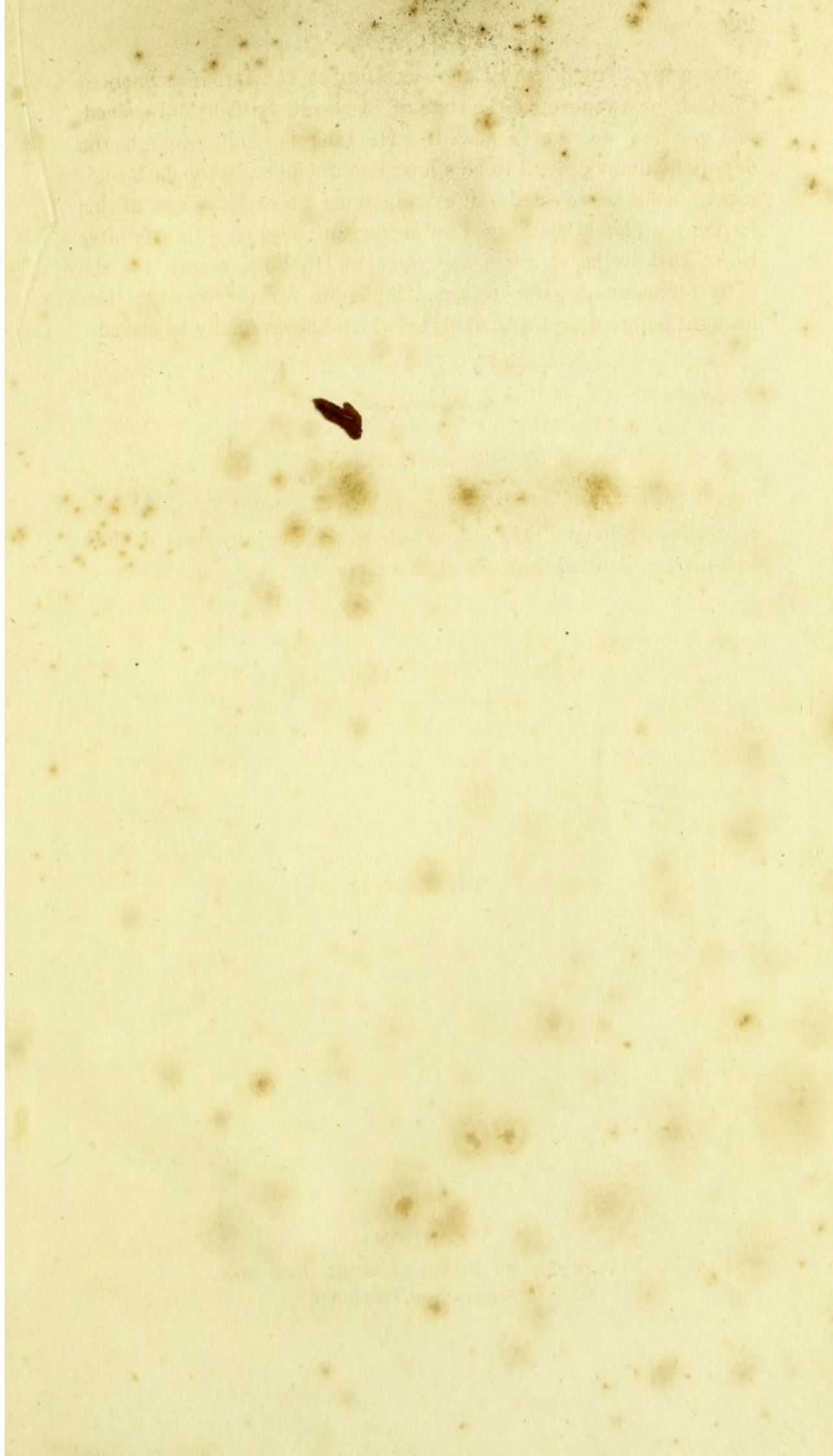
(See page 181, *Maiming*.)

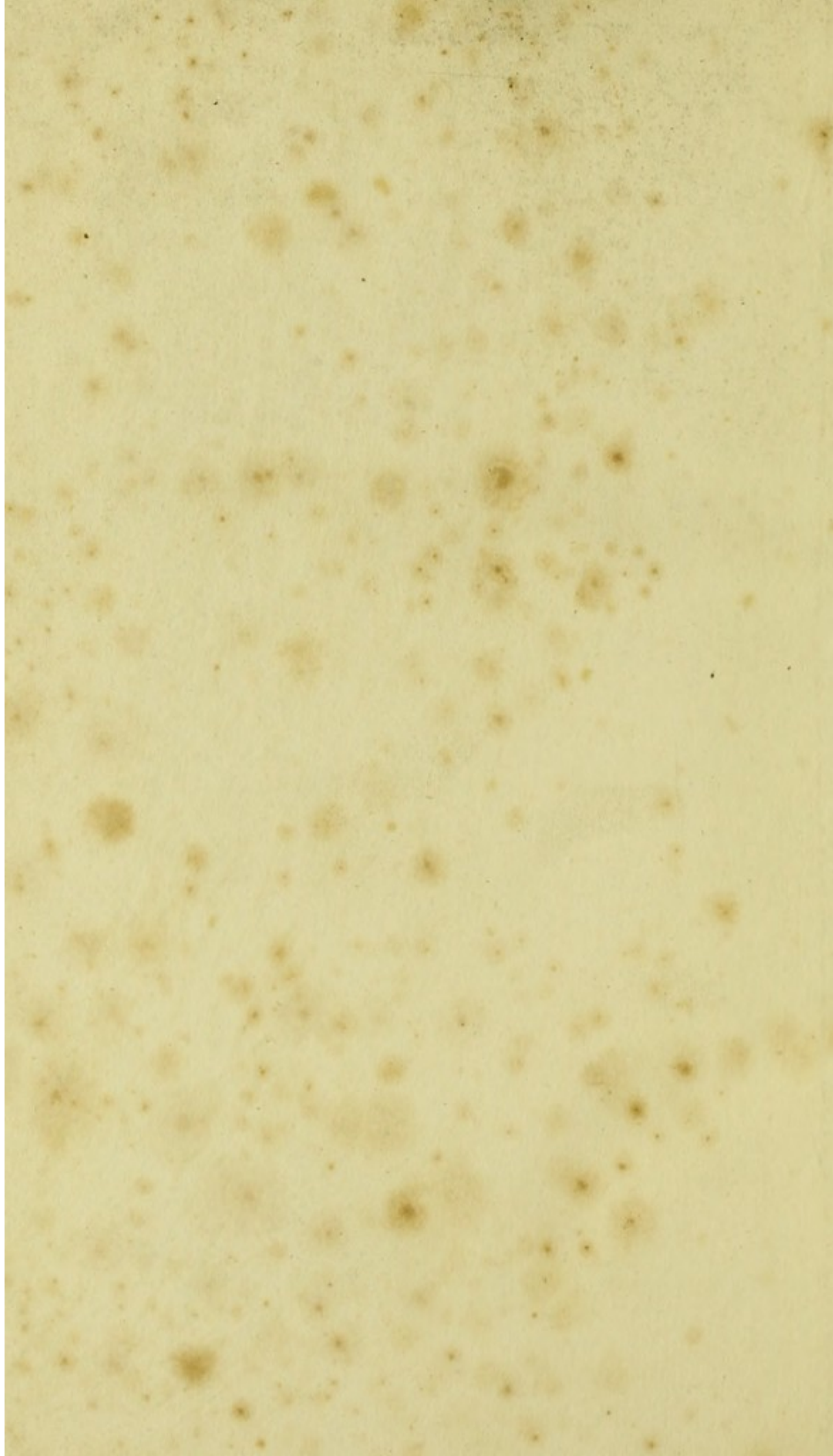
O'Brien (late 4th dragoons) mentioned under this head, has obtained his discharge. He is now (4th March) employed as a clerk in a mercantile establishment of this city.

THE END.

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