

A letter to George Renny ... on the feigned diseases of soldiers / by John Cheyne.

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A

LETTER

TO

GEORGE RENNY, ESQ. M.D.

DIRECTOR GENERAL OF MILITARY HOSPITALS IN IRELAND, &c.

ON THE

FEIGNED DISEASES OF SOLDIERS.

BY JOHN CHEYNE, ESQ.

PHYSICIAN GENERAL.

DUBLIN :

R. GRAISBERRY,
PRINTER TO THE UNIVERSITY.

1826.

LETTER

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GEORGE BENNY, ESQ. M.D.

I have been in charge of sick soldiers during the greater part of my professional life, first in the Ordnance Department, to which I was attached for nearly three years, and more recently in the General Hospital in the Phoenix Park, for upwards of seven years. I have had extensive opportunities of acquiring a knowledge of their diseases and habits. Of late I have paid considerable attention to the treatment of such cases as those individuals who manifest or produce the ease to evade duty, are called in the military hospital. I have also had many opportunities of communicating with army medical officers on the subject of venereal disease, and thereby ascertaining their methods of treating it, which, in many cases, is an intricate business. And having in these methods observed much discrepancy, and

LETTER,

&c. &c.

SIR,

HAVING been in charge of sick soldiers during the greater part of my professional life, first in the Ordnance Department, to which I was attached for nearly fifteen years, and more recently in the General Hospital in the Phoenix Park, for upwards of seven years, I have had extensive opportunities of acquiring a knowledge of their characters and habits. Of late I have paid considerable attention to the conduct of *malingerers*, as those individuals who simulate or produce disease to evade duty, are called in the military hospital. I have also had many opportunities of communicating with army medical officers on the subject of *malingering*, and thereby ascertaining their methods of abating this, which, in many corps, is an intolerable nuisance. And having in these methods observed much discrepancy, and

in the practice of some military surgeons, no small degree of caprice and irregularity; and conceiving that a simple and definite procedure is attainable, I have been induced to address a few observations on the subject to you, who have given ample proof of the advantage of introducing system into the department over which you preside, and who, by your influence, may be enabled to establish rules for the treatment of feigned diseases, and thus remove the chief difficulty which belongs to the performance of a very disagreeable duty.

It appears to me that the following objects naturally come under consideration: 1st, the diseases which are most generally feigned; 2dly, the methods which the malingerer adopts to deceive the medical officer; 3dly, the best means of detecting the fraud, and 4thly, the most successful way of treating malingerers, and preventing the extension of their fraudulent practices in regiments. With a view to these objects the following queries were circulated among the staff and regimental medical officers on the Irish Establishment in 1823; and I have been enabled thereby to elicit a considerable variety of information from those who are practically acquainted with all the difficulties of the subject.

QUERIES.

1st. What are the diseases which are most generally simulated by soldiers? Specify such as have come within your own observation, and the means by which you have been enabled to distinguish the feigned from the genuine disease.

2d. Have you detected any of the methods employed by soldiers in counterfeiting diseases? If so be pleased to give a particular description of them.

3d. Explain the means which you have adopted in order to force the detected malingerer to return to his duty. Have you been obliged to use restraint or punishment, in order to prevent him from retarding his cure?

4th. Have you ever been led to conclude, that a disease was simulated which proved to be real? If so, give the particulars of the case.

It may be necessary to observe, that the medical wing of the King's Military Infirmary, or General Military Hospital, in the Phœnix Park, is chiefly occupied by those soldiers belonging to the Garrison of Dublin who are affected with fever or other acute diseases, and by the sick from the regimental hospitals, when these are broken up, upon the corps to which they belong

being ordered away. A considerable number of the latter class are men who appear to labour under chronic diseases ; and it frequently happens that individuals of this class, being anxious to obtain their discharge from the service, either exaggerate their sufferings, in order to effect that object, or actually pretend to labour under diseases which have no reality, but which they are taught to imitate with great address. The medical wing of the hospital is under the charge of the Physician General ; and as it is seldom without many candidates for a discharge, it becomes one of the most difficult duties which he has to perform to distinguish between sterling and counterfeit disease. To force a soldier who is unfit for the hardships of a military life to continue in the service, would be undoubtedly an act of great oppression, as well as a source of frequent disappointment to the commanding officer of the corps to which he may belong ; while, on the other hand, 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 difference in different regiments with respect to the number of malingerers is very great indeed. The extent of malingering also varies in different periods of our military history. In the present period of highly improved discipline of the British army, probably there are not two malingerers for ten who were to be found in the mili-

tary hospitals thirty years ago. As the discipline of a corps approaches perfection, instances of simulated disease ever become less and less frequent. I have often been able to form a correct judgment of the discipline of a corps, after it has been a few months in garrison, merely by the conduct of the sick in hospital: there is a respectful, satisfied and manly demeanour even under heavy sickness or severe pain, observable in the men of some regiments, which is strongly contrasted with the uncivil, sulky, lounging manner of those who belong to others. In some of the cavalry regiments, in some of the Highland, and other distinguished infantry battalions in which, along with a mild but exact discipline, there is a strong attachment to the service, and a remarkable esprit de corps, there is scarcely an instance of any of those disgraceful attempts to deceive the surgeon. While in regiments which have been hastily recruited, or reformed under circumstances unfavourable to progressive and complete discipline, the system of imposition is perfectly understood, as may be proved by inspecting the hospital. Among those who counterfeet disease, the Irish are the most numerous and expert, the lowland Scotsman comes next to the Irish, and what he wants in address, is supplied in obstinacy. Malingering seems to me least of all the vice of the English soldier.

There is a kind of free masonry among soldiers, which is perhaps conducive to the harmony of the

barrack room, but which, preventing the exemplary from exposing the worthless, and holding up the informer as an object of universal detestation, renders it extremely difficult to come to a right understanding of the various methods of simulating disease. I have no doubt that these methods have been systematized, and that they are preserved in many regiments, and handed down for the benefit of those who may be inclined to make trial of them. That this opinion may not appear fanciful, I shall, before proceeding further, relate one or two instances of systematic fraud practiced for the purpose of deceiving the regimental surgeon.

When the 18th hussars embarked for England in 1807, one of the men of that regiment who had been left behind in the King's Infirmary, joined at Rumford, with his scrotum very much enlarged and inflamed, his story being as follows. Soon after leaving the infirmary, he jumped from a window, upon which he immediately perceived a swelling in the groin; on his landing in Liverpool, it became so large and painful that he could not walk, and was obliged to be forwarded to head quarters in a cart; on handling the swelling, the surgeon of the regiment having perceived an unusual crepitus, as if air were diffused through the cellular substance, immediately wrote a state of the case to the late Mr. Obré, who was surgeon to the King's Infirmary, and in the mean time he used warm applications, purgatives, and low regimen. Mr. Obré, in reply, inclosed a paper

that had been picked up in the ward of the infirmary, in which this man lay, containing "a receipt for making a rupture," in which were directions to puncture the bag with a corking pin, and then, by means of a piece of a tobacco pipe, to blow it up with air, and if it were wished to produce a double rupture, the same thing was to be done on the other side, after which warm poultices were to be applied to take down the inflammation. The man strenuously denied ever having made use of any such means. By the applications directed, the swelling gradually subsided, but, while under treatment, he got, or pretended to get a pain in the right hip and groin, and inability to move the limb. From this man's previous history, his new complaint was believed to be feigned. He was placed on low diet, the shower bath was used along with purgatives, a mercurial course, repeated blisters and issues, but he would not yield. The commanding officer of the regiment disregarding the opinion of the surgeon and Dr. Warren, Deputy Inspector of hospitals, had this man brought forward and discharged previous to the embarkation of the corps for the Peninsula, and was much displeased because the surgeon refused to sign a commendatory certificate, by which refusal the reported man, who had been many years in the regiment, lost his pension. The same commanding officer, after his return from Corunna, met this man in London perfectly well, and following the laborious occupation of a porter.

In the years 1804 and 1805, the great increase of ophthalmia in the 50th regiment, and the reported detection of frauds in other regiments led to suspicion in the mind of the surgeon of that corps, and consequent investigation, by which a regular correspondence was detected between the men under cure and their parents and friends. The ophthalmics requested that corrosive sublimate, lime, and blue stone might be forwarded to them, through which they hoped to get their eyes in such a state, as would enable them to procure their discharge with a pension, and they mentioned the names of men who had been successful by similar means. Proofs of guilt having been established, the delinquents were tried by a court martial, convicted, and punished.

As allusion has been made to ophthalmia, I may take the present opportunity of observing, that 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 that disease ; most of the cases, as I learnt from the surgeon in attendance, being factitious. The methods, by which inflammation of the eye is produced and maintained, have not all been brought to light, but quick lime, infusion of tobacco, the gonorrhæal discharge, cantharides ointment, nitrate of silver, blue stone, and other metallic salts, are probably among the most common irritants employed. Inflammation thus caused 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 leeched 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.

Wonderful indeed is the obstinacy which some malingerers evince. Night and day they will remain with the endurance of a fakir, in a position the most irksome. For weeks or months many men have, with surprizing 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.

Perversion of reason rather than the attainment of a discharge or the evasion of duty, would sometimes appear to give rise to the simulation of disease. Soldiers, I have no doubt, are often actuated by

the same wayward fancies so perplexing to the physician which influence hypochondriack or hysterical patients in the middling and upper ranks of life. I have known some persons, in seeming health, who have been hindered solely by its expensiveness from indulging in a medical visit daily. I knew one lady of high rank, who, whether sick or well, required a visit from her physician every morning. Many are induced to complain from a froward humour, to annoy their relations or dependents, sometimes merely to obtain sympathy. I know a female who long pretended to be consumptive. By voluntary efforts she coughed incessantly during my visits, and she was twice observed inserting a pin between her gums and teeth, whence she sucked blood, that she might present her handkerchief, stained with blood, at my visit, which she did for several weeks. Some females have pretended that they have had no menstrual discharge for many months, while their perfect regularity was ascertained. I have known a patient aver that no discharge had taken place from the bowels for an unprecedented time ; in this case it was afterwards discovered that the fæces were consumed in the fire every night. Some have affected a loss of the power of expelling urine, some have pretended to be without the least appetite for food,—that they had eaten nothing nutritious for I do not know how long, at the same time that they were supplying the cravings of hunger by stealth. Substances have often been presented which it has been alleged

were vomited, discharged from the bowels, or bladder, which were not the product of any animal process. A similar caprice will often influence the conduct of the soldier, who, without any ulterior object, will experience some unaccountable gratification in deceiving his officers, comrades, or surgeon.

When a soldier is suspected of malingering, the medical officer ought to conceal his suspicions until they are confirmed or removed. He will then have all the advantage of seeing the suspected party under a variety of circumstances favourable to cool investigation. His arrangements should be such as to enable him to detect fraud; his hospital serjeant and orderlies men on whom he can depend. By a prudent course the malingerer may be led to change his procedure, which he will sometimes do when the medical officer, while he does not deny the existence of the alleged complaint, appears to underrate its importance; thus a soldier who had hoped to obtain his discharge by simulating rheumatism, has been led to add hæmoptysis to his complaints, upon which the deceit becoming apparent, there was no difficulty in exposing the fraud, and forcing him to return to his duty. A regimental surgeon once told me that he often appears to give credit to all that the malingerer relates of his complaint, and puts questions unconnected with the pretended symptoms, and that it has thus frequently happened that the view which he seemed

to take of the complaint has been adopted by the soldier, thereby leading him to such contradictions as were a means of forcing him to relinquish his attempt at deception. There is something unpleasant in so artificial a course, which moreover is only suitable to those whose disposition leads them to obtain their object by indirect measures. It appears however to be necessary that we should conceal our suspicions, which, if betrayed, would lead the malingerer to great watchfulness and obstinacy, and thus he would never be off his guard, and would sacrifice his life rather than yield. The method of many regimental surgeons, of declaring at once, in the hearing of the party, that he is *scheming* or *humbugging*, 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.

Some cases are evident and may be discovered by a glance of an experienced eye, but others require calm and continued inquiry, during which we must learn all particulars relative to the character and objects of the supposed malingerer; whether he has been much in hospital, is lazy and averse to his duty, which he is ever ready to evade; whether the half yearly inspection is at hand, or he has exceeded the period of his fur-

lough, and is afraid to return to his corps. Whether he is a clerk, or has been brought up to a trade or manufacture, and has a prospect of lucrative employment if he were discharged, in short what would be his means of support in civil life ; whether he has any intention of marriage. It is certain that some malingerers have been persons of a very good character, consequently character alone is no criterion that a man is not practising this species of deceit, but in general malingerers are men of bad character, and the fact being established that they are so, will often remove all the difficulties of the case.

I am strongly of opinion that the medical officer ought not, on his own authority, in any instance, to resort to punishment in order to force the malingerer to return to his duty ; he ought to have him watched in every moment of forgetfulness ; while a doubt remains in his mind, he ought to prescribe the most effectual remedies for the disease, assuming it not to be feigned, factitious, or exaggerated, but he ought not to employ any painful remedy, unless that remedy be an approved one in the treatment of the genuine disease. When the military physician or surgeon is convinced that the complaint of a soldier is unreal, he ought to report the case to the commanding officer of the corps to which the malingerer belongs, at the same time assigning the grounds of his opinion. He may also propose any measures which his knowledge of disease, and experience in

such cases entitle him to recommend as likely to put a stop to the practices of the culprit. If the commanding officer should authorize him to employ personal restraint or punishment, then these may be had recourse to, but if he employ such measures on his own responsibility, he may have the commanding officer in opposition to him, and perhaps lose his influence, character, or commission. I am well aware, that the strait waistcoat, the log, and the solitary cell, have often been used by medical officers of character; nay, I rather think they are still sometimes employed without any warrant from higher authority, but certainly those who thus act, very gratuitously expose themselves to censure. There used to be the greatest coarseness and severity in the treatment of men in hospital, nay military as well as medical officers frequently treated common soldiers as if they belonged to an inferior order of beings. In former times, I have often heard soldiers called the greatest villians on the face of the earth, only to be kept in subjection by the lash. This was folly in the extreme, and happily it has become obsolete. It seems now pretty generally understood that man is every where the same, that he owes whatever he possesses of value in intellect and morals to culture, and I should think no officer fit to command a regiment, or superintend an hospital, who does not know that the behaviour of bodies of men entirely depends on the principles of conduct and habits of action, which result from a sound or vicious system of discipline.

I am persuaded that a regimental hospital, when well regulated, is more favorable than a general hospital to the detection of imposture. The knowledge which in most corps the officers, non-commissioned officers and surgeon must possess of the character, habits, and prospects of all the privates of the regiment, will often lead to a discovery of the motives of the malingerer, and thus divert him from his object, or disconcert his scheme. It seems therefore inexpedient to encourage the transfer of malingerers to a general hospital, unless when the regiment is going upon service, or to a remote station.

When the surgeon of a regiment understands that he is not to inflict punishment unless authorized by the commanding officer, his observations will be made with more calmness, which is highly desirable, as, even after the most dispassionate consideration, our conclusions will sometimes be erroneous, of which I could bring forward a multitude of instances. Thus in the year 1804 or 1805, a soldier of the name of Smith, of the 9th foot, who complained of great uneasiness of the loins, was treated as a malingerer, and was sent to punishment drill, at which he was kept till a tumour appeared in his back, symptomatic of a lumbar abscess, of which the poor fellow died.

A strong and active hussar, after many an ineffectual effort during eight months, to rouse him from a state of listlessness and inattention to his

person and duties, was discharged from his regiment, being generally considered as a *skulker*; being forwarded to Chatham, he came under the care of Dr. Burrell of the 72d regiment. From an absence of every symptom of disease Dr. B. was at first led to adopt the same opinion; in the course of a week however, some difficulty of articulation was discoverable, greater heaviness in his look, and sluggishness in motion appeared which, in a few days, ended in coma, convulsions and death. On dissection, two tumours of a firm medullary structure were detected in contact with each other, one of the size of a pullet's egg, the other of a pigeons egg, situated in the right hemisphere of the brain, and projecting considerably beyond its surface.

A private of the 10th regiment was taken in the autumn of 1823, by an officer of that corps, as his bat-man, but owing to a slovenly way of going about his work, he was shortly after sent back to his duty, his manner having been attributed to laziness. In a short time after, he came to the hospital complaining of lassitude, which was attributed to the same cause; at last however, an enlargement of the spleen was discovered, which was followed by anasarca and discharge from the service.

It would be tedious to multiply cases of this kind, many of which have come to my knowledge; affections of the brain, of the thorax, of the abdo-

men, 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.

I shall now proceed to enumerate the diseases *in the province of the physician*, which soldiers most frequently feign, and I shall then offer a few remarks which may be useful, particularly to the inexperienced, in leading them to a discovery of fraud.

DISEASES OF THE BRAIN AND NERVOUS SYSTEM.

1, *Paralysis*. Palsy of one of the extremities. Loss of hearing—of speech—Nyctalopia—loss of the command of the sphincters.

2. *Vertigo*.

3. *Headach*.

4. *Epilepsy*.

5. *Mania*.

DISEASES OF THE THORACIC VISCERA.

6. *Hæmoptoe*.

7. *Phthisis*.

8. *Diseased heart*.

9. *Syncope*.

DISEASES OF THE ABDOMINAL VISCERA.

10. *Vomiting.*
11. *Tympany.*
12. *Dysentery.*
13. *Chronic Hepatitis.*

GENERAL DISEASES.

14. *Fevers.*
15. *Rheumatism.*
16. *Dropsy.*

PARALYSIS. I have known paralysis of one of the arms feigned with great constancy and address. The soldier in question pretended that having fallen asleep in the open air, he awoke with his arm benumbed and powerless. The surgeon of the regiment, being convinced that he was an impostor, had him brought to a court-martial. The court sentenced him to be punished, but the commanding officer of the corps thought that the case for the prosecution was not satisfactorily made out, and hence he transmitted the proceedings, with his own observations, to head-quarters, which led to an order from the Commander of the Forces to send the soldier to Dublin. He was brought to the King's Infirmary, and placed under my care. 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, smart 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.

The following were the considerations on which my opinion was founded : there existed none of the symptoms which characterise paralysis, save the alleged loss of voluntary motion. The countenance of the individual indicated health, vigour and intelligence ; the function of the brain was undisturbed, all the senses and mental faculties being entire ; the corresponding leg was not affected. Paralysis of the arm is a disease which soldiers are known to feign ; whereas I have not seen a case in civil life of paralysis becoming complete at once, affecting so large a portion of the body, unconnected with disorder of the brain, or of some other part of the system. In other cases of the kind there has been œdema of the hand and arm ; this however is easily effected by tying a ligature round the upper part of the limb, a process which I have detected in operation. In the treatment of such cases electricity will often succeed ; the efficacy of which I first witnessed in the General Hospital at Woolwich. Those who simulate Palsy

and Rheumatism more frequently yield to the electrick shock than to any other remedy.

Some there are however who have triumphed over every attempt which has been made to overcome their unprincipled obstinacy. About twenty years ago a trooper belonging to the 12th, who pretended that he had lost the use of his right arm, after resisting, for a great length of time, severe hospital discipline, as well as every effort of the adjutant to make him return to his duty, succeeded in procuring his discharge; when he was leaving the regiment, and was fairly seated on the top of the coach, he waved the *paralytic* arm in triumph, and cheered at the success of his plans. Indeed success, effected by the most persevering falsehood and deception, would appear to be incomplete, in the estimation of some malingerers, unless it be shamelessly proclaimed in front of the corps to which they belonged. A militia soldier who pretended that he had lost the use of his inferior extremities, was reported unfit for service, by the late Dr. Harvey, and discharged. When he had obtained possession of his discharge, he caused himself, on a field day, to be taken in a cart to the Phoenix Park, and in front of the regiment, which was drawn up in line, he had the cart driven under a tree, upon which he hung up his crutches, leaped out of the cart, sprung three times from the ground, turned his back to the regiment, and having slapt his breech, he scampered off at full speed.

In cases of this kind, by great vigilance and patience, we may sometimes discover the malingerer off his guard. A case is related by Mr. Robinson, surgeon of the 12th Lancers, of a man, on board ship, who pretended that he had lost the use of his right arm. The orlop deck being much crowded, this fellow had made a berth for himself and his wife under the bow of the long boat. One day when a heavy shower came on, by which his berth was getting wet, he was detected dragging part of the tarpaulin that covered the boat, with both his hands, to protect his little cabin. He was tried, received a slight corporal punishment, and did his duty for many years after. In the 2d Rifle Battalion, a young man, still in that regiment, a few months after his enlistment, affected to become lame of the right leg; the right side, he said, had been paralytic in his childhood, and often subsequently. Mr. Scott, the surgeon, conceiving the disease to be simulated, commenced the treatment with low diet and perpetual blisters, in which he persevered for four months. Then he ordered him to walk about the barrack square, for eight hours daily, under the charge of a corporal, still keeping him on hospital diet; this continued till the half yearly inspection of the regiment was over, when, finding that no notice was taken of him, he requested to be discharged from hospital, which Mr. Scott refused till he was able to run over the barrack square

without lameness, which he did immediately, and returned to his duty.*

It is not uncommon for soldiers to pretend that they have suddenly been struck DEAF AND DUMB, while all the faculties of the mind continue unimpaired; all those whose cases have come to my knowledge, who have pretended to lose the power of speech and hearing, have been impostors. The voice may be lost, as in some nervous affections; the power of articulation also may be lost, as in some paralytic affections, but in all such cases the hearing is unimpaired. The hearing may be destroyed by various causes, generally from a diseased state of the internal ear, in that form of disease which is called nervous deafness, but in such cases the power of speech is unimpaired. That the power of those nerves which supply the organs of speech and of hearing should be destroyed, while there exists no other symptom of disease in the nervous system, while the tongue and organ of the voice retain their muscular power, is utterly incredible, and yet this description of imposture is maintained with unyielding obstinacy, as the following relation of simulated loss of speech will prove. A man, in the 12th dragoons, of the name of Holledge, a tailor, after an attack of fever in the regimental hospital, pretended to lose the use

* Malingerers pretending to have lost the use of their limbs, have been detected by putting them without their knowledge under the influence of opium, and tickling them when in profound sleep. See Mr. Hutchison on feigned diseases.

of speech. This man was left at the depot, and being a useful man as a tailor, he was retained in the regiment for five years, all the while communicating with others in writing. On one occasion, while practising firing with blank cartridge, an awkward recruit, whose carbine remained cocked, shot Holledge in the ear, who expressed pain and consternation by a variety of motions and contortions, but never spoke. This man, who had not been heard to articulate one word for five years was at last discharged. After his discharge was obtained, he recovered the use of his speech and, a vacancy occurring, offered himself as master tailor to the regiment.

The practice of this species of fraud rests upon a vulgar error. Persons who are born deaf, are said to be deaf and dumb, and hence it is supposed by the unreflecting, that the loss of the sense of hearing necessarily draws along with it the loss of the faculty of speech.

The noise of artillery is by no means an uncommon cause of deafness; many artillery officers have thus lost their hearing. Deafness may also arise from a deep-seated abscess. Mr. Elkington, surgeon to the Royals, describes a case of deafness which occurred to a recruit a few days after his enlistment, which was supposed to be feigned, but which proved to be the effect of a deep seated collection of matter in the ear. Let us moreover recollect, that along with a healthy aspect of the membrana

tympani, deafness may be connected, first, with syphilis, and precede the other secondary symptoms; and secondly, that it may be nervous, as it is called, in which case there will be observed frequent changes in the sensibility of the organ to sound, greater deafness of one ear than of the other, and a complaint of all kinds of hissing, murmuring and roaring noises.

Two recruits of the 86th regiment complained that they had been suddenly attacked with deafness during the night, without any previous illness. The state of the meatus was natural, and no proof of inflammation could be discovered. In these cases Mr. Cunningham, the surgeon of the regiment, first employed the antiphlogistick regimen, and then inserted a seton in the nape of the neck, which was regularly dressed at the morning visit: in eight or ten days they both declared that they had regained their hearing, and requested to be allowed to return to their duty.

I have heard that AMAUROSIS has been feigned probably with the aid of Belladonna; NYCTALOPIA also was frequently feigned when our army served under Sir R. Abercromby in Egypt. Of some corps nearly one half of the men were affected with this complaint, or pretended to be so, for which however a remedy was soon found. In the parties engaged in the works, a blind man was joined to, and followed one who could see, in carrying the baskets filled with earth, and when the sentries were doubled, a blind and a seeing

man were put together, and not without advantage, as during the night, hearing upon an outpost is often of more importance than sight.

Among the most troublesome malingerers are those who affect to have lost the use of the sphincters. These men are insufferable in an hospital, and would seem to have a pleasure in their abominations. When a patient alleges that he cannot retain the contents of the bowels the sphincter ought to be examined, and if it contracts upon the finger, opium with solid food must be prescribed, and a watch set over the individual; if he expel solid excrement in bed, he will be a fit subject for a court martial. I present the following case rather as a portrait of one of the abandoned creatures I allude to, than to serve as a precedent to the medical officer for dealing with such men. The practice however appears to have been abundantly successful.

A man who pretended to labour under sciatica, and to have lost the use of the lower extremities, was admitted into the general hospital at Lisburn, where he lay for eleven months. After the employment of the most approved means without the slightest advantage, it was discovered that he was a man of an infamous character; he had become most offensive in hospital from a habit of discharging his excrement in bed. Upon consultation the medical attendants came to the conclusion that this man was a malingerer, and they resolved

to apply the actual cautery. He was accordingly brought into the surgery, and laid upon his face on the operating table, and there held by four men. Upon the principal medical officer applying the first stroke of a red hot spatula to the hip, this fellow gave the man who held his leg so violent a kick that he threw him down, and instantly exclaimed that he was *shamming*, and would do his duty if released. The operator however declared that he would apply the iron to the other hip, on which he roared out, that he had been shamming to get his discharge, and would do his duty ; on these declarations being made he was let down upon the ground, when, to the amusement of the whole party, he walked up to his bed as stoutly as any man present could have done, and when the buttock was healed he was sent to his duty, and never returned under the care of his medical friends.

The next disease to which I shall briefly allude is ENURESIS, or incontinence of urine from pretended loss of the power of the sphincter vesicæ. As this is an affection which soldiers frequently simulate, I shall quote, from a letter of Deputy Inspector Comyns, on the subject of feigned diseases, the following extract. “ When the city of Dublin Regiment of Militia was quartered in the town of Antrim in 1802 or 1803, the surgeon of the regiment resigned, and was succeeded by a private practitioner unacquainted with the diseases of soldiers, and much less so with their mal-

practices. Several of the men who discovered that they could easily impose upon him, reported themselves as affected with incontinence of urine, and consequently incapable of performing their duty. He took them into hospital and put them under treatment, but without the least benefit. Upon this the colonel of the regiment wrote to me to come over and visit these men, which I did next day, and was particularly struck with the appearance of the men upon parade, numbers of them had their white breeches, then in use, completely destroyed by urine; this had extended to such a degree that the colonel declared to me that he was thoroughly ashamed of the appearance of his regiment on parade. I remained in Antrim that night, and at a late hour accompanied the surgeon to his hospital, when we administered a full opiate in some of the worst cases. We returned at an early hour next morning, and on examining the beds of those men who were yet asleep, we discovered that not one of them had discharged urine during the night. On introducing the catheter, the water flowed in a full stream, and stopt when it was withdrawn, before the bladder was empty, thus affording proof that the bladder retained its full power of retention and expulsion. I then stated to the colonel my opinion that the soldiers were imposing upon their surgeon, and recommended him to order all these men who had spoiled their clothes to be marched to Lough Neagh every morning at six o'clock, and every evening at the same hour, assuring him that

if there existed any disease, the cold of the lake would, by its bracing qualities, remove it ; and if the men were scheming, they would soon get tired of the cold bath and give up their attempts to deceive. This turned out as I had predicted, for on visiting the regiment shortly after, the colonel told me, that from the commencement of the bathing the numbers decreased daily, so that in a short time not a case of incontinence of urine existed in the regiment."

These measures were judicious. I believe the exhibition of a full opiate, and the unexpected introduction of a catheter during its effect, may be considered as a pretty certain method of detecting pretended incontinence of urine.

VERTIGO AND HEADACH. I have known vertigo frequently complained of by soldiers under circumstances which induced me to think the complaint unreal. The malingerer generally overacts his part ; he gives an extravagant account of the degree of giddiness with which he is affected, while he is silent respecting the symptoms which attend the genuine complaint. The affection of the stomach is not described by him. If the pulse is not slow and irregular, if the stomach is undisturbed, and the eye expressive, the surgeon will find that the complaint will yield to those remedies which remove determination of blood to the head, such as purgatives, antimonials, low diet, topical bleeding, and the application of the moxa to the

scalp. And in like manner with respect to head-ach, if he fail to establish any connexion between the complaint and disordered digestion, extreme irritability of the nerves, rheumatism, a carious tooth, syphilis, or organic disease of the brain, and if his prescriptions fail, he must resort to the usual inquiries relative to the character, history, and circumstances of the individual, by which he will often have his doubts at once removed.

EPILEPSY, a disease which has been often simulated with success, and which, when feigned, it sometimes requires the utmost skill to detect, will next require a few remarks. Our enquiries must embrace the origin and duration of the disease, the symptoms which occur in the interval between the paroxysms, and the frequency, character, and consequences of these.

If the disease is alleged to have existed previously to the enlistment of the soldier, this, were it ascertained, would be strongly in favour of its genuineness. A patient, after having had a paroxysm of epilepsy, was lately sent into the King's Infirmary, with a note from the surgeon who forwarded him thither, expressive of his opinion that the disease was feigned. The individual himself, who was a recruit, asserted that he had enlisted while in a state of intoxication, and that he had been subject to fits for many years. I suspended all medical treatment, and employed a

friend to write to a gentleman who lived in the parish in which the suspected man was born and bred. This gentleman, by an application to the clergyman of the parish, and to the farmer with whom the young man was in the habit of working, discovered that he had been liable to fits for many years. Without further investigation, therefore, I reported him unfit for service, by which he obtained his discharge.

We must ascertain the circumstances under which the fits first commenced. If the disease arose from horror or apprehension, or after the sudden suppression of a cutaneous eruption, or a habitual discharge ; if from indigestion or a debauch, or if others of the same family have been epileptic, the probability in favour of a genuine disease will be increased.

Farther, we must ascertain whether to the paroxysms of convulsion there are premonitory symptoms, such as the aura epileptica, vertigo, drowsiness, headach, or other proof of determination of blood to the head, as flushing, or congestion in the blood vessels of the head or neck ; whether it is preceded by nausea or vomiting, by false perceptions, flashes of light or fire, visual objects confusedly intermingled ; colours of different kinds dancing before the eyes ; discordant noises heard ; strong or disagreeable smells perceived ; numbness or weakness of particular parts of the body felt ; loss of

speech or of recollection occurring—these will still more increase the probability of a real disease.

Moreover we must carefully observe the course of the paroxysm. Does it begin with a scream? are the pupils contractile? Are secretions increased; for instance, does saliva work its way from the mouth, or is bile vomited? Are there involuntary discharges of fæces, urine or semen, the latter attended with priapism? We must carefully examine the tongue, the sides of which, in true epilepsy, appear to be gnawed as it were, sometimes it is severely bitten, while in the feigned disease it is scarcely ever injured.

When the fits are not genuine they generally recur at short intervals, and at such times as not to escape observation.

Finally, we must carefully observe the subsiding of the attack. Does it end in profound sleep? Is it productive of extravasation; petechial spots, lividity of the nails? Does it usher in a maniacal state, or alternate with catalepsy, hysteria, or a sub-epileptic attack, and ultimately lead to paralysis or fatuity? It is obvious that the more we know of disease by reading and observation, the more patience and temper we possess, the more successful shall we be in the detection of imposture. I am convinced that simulated disease will soonest be discovered by those who con-

duct the inquiry in the most scientific manner, carefully applying the case in doubt to the description of the disease in standard works on pathology.

When a suspicion is strongly excited that a soldier has been feigning epilepsy, various means have been employed to put an end to the deception, such as applying a hot poker to the ear or hip; putting snuff, Cayenne pepper, or hartshorn, up the nose; plunging the individual into a cold bath; drenching him with cold water, as in the following instance related by Mr. Young, surgeon to the 10th. "Private Hugh Cunningham, of the 71st regiment, on that regiment embarking for America, contrived to be left behind in the General Hospital at Fermoy, but was soon discharged by Dr. Baird, the assistant surgeon to the 10th, who saw that he was a pretender. When he had been in barracks for a few days, he affected to have a severe fit. Before he was seen by a medical officer, his wife sent for a priest, who declared that her husband was under the influence of a devil, and could be relieved only by spiritual means. The surgeon of the 10th thought differently; and as the patient continued to toss about with violence, gnashing his teeth, &c. a large barrack table was put upon another of the same dimensions, the pretender was placed on the upper table, on which, after lying quietly for a little time, he begged to be permitted to come down, but this was not allowed till he was well drenched

with cold water ; this put an end to his fits while he remained in Fermoy."

I apprehend the most effectual method of exposing the feigning epileptic is by an expedient suggested by Staff Surgeon Eagle, which I have employed with success in the King's Infirmary in the following instance. A man, who was suspected to be a malingerer, was reported to be in strong convulsions ; upon which a young gentleman, a Dresser in the surgical side, being instructed by me, quickly attended, and by means of a quill, cut so as to contain a few drops of liquid, introduced into the eye a portion of spirits,—one of the shop tinctures : this producing insupportable pain, caused the malingerer suddenly to turn from the operator, who ordered the men who were holding him to leave him to himself ; by these means he was so disconcerted, that he desisted at once from his contortions, to the great amusement of his comrades ; and, on the next day, he was sent to his regiment with a report of the particulars of the cure.

I am in possession of evidence sufficient to prove, that real epilepsy has often been considered feigned. There is a description of epilepsy in young men which seems to be a variety of hysteria. There is also a form of the disease in which we may discover its connexion with catalepsy or extasis ; these affections are so uncommon that physicians, even of some experience,

are often but imperfectly acquainted with them, and consequently they can scarcely be supposed liable to be imitated by the malingerer. I rather think the following case, related by Mr. Parker, surgeon to the 19th, is of this nature. A recruit who joined the 19th at Weedon, was considered as pretending to be epileptic, for the purpose of obtaining his discharge. By his own statement his fits were originally brought on by a fright occasioned by confinement in a dark cellar. When seized he would stand trembling, his eyes fixed in an unconscious stare; his urine would flow from him; in this state, from which nothing could rouse him, he would remain for about five minutes, and then fall down with a scream, after which he gradually recovered his senses. Being a man of bad character, Mr. P. thought that he was pretending, and advised his being kept strictly at drill, but all means which were employed to conquer his supposed obstinacy were in vain. He remained a year and half in the regiment, during the last six months of which period the opinion of Mr. P. underwent a change. Pinching him, or running pins into him never induced him to alter his position, or move a muscle; at last Mr. P. being convinced that the fits, though not severe, were real, recommended him to be discharged.

INSANITY. As the physician who has not had extensive opportunities of witnessing insanity is liable to be imposed upon by the pretending ma-

niac, and as it is extremely difficult to feign insanity, so as to deceive those who are familiar with the phenomena of mental disease, it would appear desirable that no decision upon a doubtful case should take place without obtaining the opinion of a medical practitioner, whose attention has been particularly directed to the subject of deranged mind.

As we are in more danger of supposing insanity simulated when it is real, than of considering that disease to be real when it is only pretended, I would observe that there are circumstances belonging to genuine insanity which no plan of deception, however artful, will embrace; and hence a systematic inquiry into the history of every doubtful case ought on no account to be dispensed with: for example, information of a very decisive kind may be elicited by the following queries:—Has insanity occurred in other individuals of the family to which the suspected person belongs? Has he sustained any injury of the head, or been affected with fever attended with delirium, or with epilepsy? Has any cutaneous eruption suddenly been repelled? Has he been engaged in a protracted course of dissipation? Has he been recently under the influence of mercury? Has his mind been overwrought? Has any occurrence calculated to excite or depress his mind lately taken place? Has there been an observable change in the character and habits of the maniac, before

any overt act of insanity was committed? Has he evinced a restless and vagrant disposition, a vivacity of conception, or play of fancy which was not natural to him, an irritability of temper leading him to quarrel with all around, or a loss of that moral restraint which had hitherto governed his conduct, and a consequent attempt to perpetrate crimes which no convenience of opportunity could previously have betrayed him into?

Then there is a peculiarity in the way in which complete mental derangement takes place, which could scarcely be feigned. There is a launching into extravagance or debauchery, an absurd assumption of consequence, an imagining of combinations and plots entered into by the most improbable agents, to involve the maniac and his friends in ruin; there are whisperings and mutterings heard, men, or devils peeping at, and conspiring to disturb him.

Moreover, there is often in the nature of the paroxysm something which is inimitable, for example, an astonishing power of stringing rhymes together. I have known a maniac who had never attempted to rhyme, while in his sound senses, fill a quire of paper with doggrel in an incredibly short space of time; this he recited in a most impassioned manner, and with as much delight as a poet might be supposed to take in reading his happiest composition. There are also

some links, slender and indistinct, which connect the ravings of a maniac, in a way which a careless observer could scarcely discover, and which a pretender to madness could never feign. Thus if we present the same subject to the mind of a maniac, after a considerable interval of time, the same catenation of incoherent raving may be distinguished.

The conduct of the maniac is sometimes governed by trifling occurrences which take place under the eye of the attendants, which would have no weight with a sane person. A lunatic who had received a letter written by one of his malicious comrades, recommending an absurd scheme of speedy aggrandisement, acted upon the suggestion contained in the letter, all the while he remained in the Infirmary. During maniacal paroxysms there is often the greatest insensibility to decency, propriety and comfort, which appears in exposure of the person, spitting all over the cell, wetting the bed, plastering the wall with ordure, raving, and muttering for days and nights when no one could be supposed to be listening. Such peculiarities, with the treacherous expression and glancing eye of the maniac, may often enable a patient observer to pronounce disease real, which, at first sight, might have been thought by him fictitious.

HÆMOPTOE AND PHTHISIS.—Hæmoptoe is rather a favourite disease with soldiers who wish to obtain their discharge. I have detected several

in the execution of their fraudulent attempt who who pretended that they were affected with spitting of blood. The absence of those symptoms which generally attend hæmoptoe, such as imperfect formation of the chest, cough, dyspnœa, disturbed circulation and hectic flushing, will naturally excite suspicion, which will be confirmed by the appearance of the blood which is presented in the spitting cup, and by minute examination of the mouth and such parts of the body as are within reach of suction. Blood from the lungs is generally florid, frothy, coagulated, and in separate masses; whereas in the attempts which are made to imitate hæmoptoe, it will be found to resemble, what in fact it is, blood mixed with, or dissolved in saliva, being of a thinropy consistence, and dilute colour. This appearance ought to lead to an examination of the naked body, of the nostrils, fauces, inside of the cheeks, but most especially the gums, in a good clear light. If we discover blood adhering to the nostrils or fauces, or if, in examining the gums carefully, we are able, at any point, to express blood from between the gums and tooth, we may, without hesitation, send the pretended patient to his duty.

The soldier not content with representing one feature of consumption, will often undertake a perfect portrait of that disease, and this he will sometimes execute with great cleverness. The thought would seem to strike him while in hos-

pital, under treatment for catarrh, or recovering from fever accompanied with pulmonary irritation. His cure, all at once, seems suspended; his food, he says, *stuffs* him, and he begs to be replaced on spoon or milk diet; he coughs much at the period of the daily visit; he suppresses his cough for some time previously, so that if there is any defluxion it may be expectorated at that period. 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.

Much discrimination is often necessary when, to use the language of the military hospital, a soldier is *making the most* of his complaints.—When actual illness is exaggerated by the soldier (who it is possible may think himself unfit for military duty) that he may procure his discharge, and having just accomplished a certain term of service, obtain a pension also; he will now make a display of his sufferings, and heighten the expression of disease in such a way as to show that he has been a close student of symptomatology. It is impossible to establish rules for such cases. Accurate knowledge of disease will lead to a proper decision, provided we look simply to the good of the service. On the one hand, we must not, by negligence, encourage a general belief that a dis-

charge from the service may be obtained on easy terms, otherwise the hospital will soon be filled with malingerers. On one occasion, some years ago, the imperfect stamina of a considerable portion of the men of a very distinguished corps, rendered it necessary to discharge all whose constitutions were unsound; the consequence of which was, that a general opinion soon prevailed in the garrison of Dublin, that any man who could prove that his health was imperfect, or his frame not robust, would be discharged, and hence the wards of the King's Infirmary, for several months after, contained an extraordinary number of malingerers. On the other hand, disregarding all sneers, all insinuations that we have allowed ourselves to be outwitted, we must recollect that, by the discharge of those who have been long in the service, and who on every slight pretext throw themselves into hospital, giving an exaggerated account of their sufferings, and resisting the endeavours of the surgeon to send them back to their duty, we contribute most materially to the efficiency of a corps.

One of the most important parts of my duty at the King's Infirmary is to watch the convalescents from fever, that I may early detect those symptoms which, in the predisposed, often end in consumption. When recovery from fever is interrupted or tardy, in young men who, with an imperfect formation of the chest, have not attained a full expansion of that part of the body, it behoves us to be vigilant and prompt; if we over-

look the shadow of the coming disease, waiting till it manifests itself, our opportunity of saving the patient's life will have been unhappily lost.

Notwithstanding the strictness of the regulations which apply to the passing of recruits, I have frequently observed an imperfect formation of the chest in soldiers under my care in the King's Infirmary. When the number of deaths in the army from phthisis is considered, which exceeds one third of the whole, (if we take into account those who die of consumption after they are invalided, I am persuaded that the mortality from that disease in Ireland is nearly one half,) and when it is considered that in a large proportion of those who fall victims to consumption, the chest is narrow and contracted, and that a soldier's habits and duties tend to rouse that disease, the officer who has to pass recruits ought to be led by a motive more powerful even than the command of his superiors, to reject every recruit whose chest is not well formed. Moreover, if by the use of the stethoscope, latent disease of the lungs and heart can be detected with certainty, no young man, whose chest is in the slightest degree objectionable in point of form, ought to be approved of until he has been subject to mediate auscultation, to which percussion of the thorax ought to be added. The stethoscope would also appear applicable to those persons in hospital who are simulating pulmonary consumption, or organic disease of the heart.

Return of the Deaths, with the causes thereof, which occurred in the army serving in Ireland, from 1st January, 1818, to 1st October, 1826.

	Dropsy.	Fever.	Dysentery.	Inflammation of the bowels.	Suicide.	Sudden deaths, Apoplexy, &c.	Consumption.	Small pox.	Measles.	Accidents.	Old Venereals.	Liver disease.	Abscess.	Disease of the Heart.	Disease not stated.	Total number of deaths in monthly sick reports.
1818	7	60	21	1	4	5	108	6	4	11	2	4	2	1		236
1819	5	43	12		1	6	79	1		15	1	11	3			177
1820	10	51	19	1	1	4	92	2		14	1	10	3	4	2	214
1821	12	44	21	6	3	6	74	8		9	6	12	1	6		208
1822	10	48	13	11	1	9	81	1		13	3	17	6	5	1	219
1823	12	54	9	4	4	5	96	7		9	5	15	3	2	3	228
1824	12	63	10	9	3	13	111	1	1	3	3	10	3	4		246
1825	6	70	35	4	5	9	112	6		11	1	15	1	1		276
To 1st Oct. 1826	13	93	38	9	1	8	135	3		2	7	11	2	1		323
	87	526	178	45	23	5	888	35	5	87	29	105	24	24	6	2127

PALPITATION. I have frequently counted a soldier's pulse on going into a ward at the expected time of visiting, and found it 120 or 130, and in a quarter of an hour after I have come upon him unawares, and found the pulse lower by 30 or 40 beats. I am convinced that many soldiers have a power of quickening their pulse, and giving violence to the heart's pulsation, but I have not been able to discover by what means. Thus far had I written when Mr. Hutchison's paper on feigned diseases reached me, in which a method of effectuating excessive palpitation by means of white hellebore, has been exposed. Instead therefore of expatiating on this subject, I beg to refer the reader to Mr. Hutchison's interesting work,* in which he will find that sailors are equally with soldiers proficient in those frauds which so disgrace the hospitals in both services.

VOMITING. Many persons possess the power of discharging at will the contents of the stomach, without sickness. This is effected by forcing air into the stomach, and then, by eructating, part of the contents of the stomach is brought up along with the returned air. This is accomplished with great ease after a meal, hence the food being

* Practical Observations on Surgery, by A. C. Hutchison, Esq. I am persuaded that soldiers have other means of effecting their purpose. Some probably have a voluntary power of increasing the pulsation of the heart; others use more manageable stimulants than hellebore.

vomited in an undigested form, is always a cause of suspicion. When vomiting takes place at stated periods the party ought to be watched. Mr. Hutchison describes a case in which a malingerer could produce vomiting by making violent pressure with his hand on the region of the stomach. The contents of the stomach ought also to be carefully inspected; if in these there is no mixture of mucus or bile, if no tumour can be felt in the abdomen, if the patient continues to eat his meals, and although pale, does not become emaciated, the case may well inspire doubt in the surgeon's mind of its reality.

It may be useful to the reader to give an outline of two cases of vomiting which occurred to me shortly after I became Physician General; they will exemplify the twofold danger we incur of being deceived by the guilty, and of unjustly suspecting the innocent. These cases led me to bestow more attention than I otherwise might have done on the subject of this paper. A serjeant of infantry, a young man of good character, and open and intelligent countenance, was admitted into the King's Infirmary, for a complaint in his stomach, which he described as intolerant of food, being uneasy as soon as he had swallowed any kind of nutriment, and becoming more and more so until the food was again returned by vomiting. He had a pale and delicate aspect, but was not emaciated; he had been complaining

for two or three years, and he was considered in his regiment as burdensome to the corps, from the frequent recurrence of his fits of illness. After a course of medicine I reported him unfit for service, and he was consequently discharged. My report having been forwarded, and while he was waiting in the hospital for his discharge, he considerably improved in appearance; and in about a fortnight after he had left the Infirmary, I met him in Barrack-street in the vigour of health. I have no doubt that this man had the power possessed by many of disgorging his food, without any accompanying sickness; that 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; in short that he was an accomplished impostor. Much about the same time a lad, who had been recently enlisted, was sent into the Infirmary with a similar complaint; he was not emaciated, but his skin appeared dirty and opake, his pulse was slow, and he complained of an uneasy stomach and constant vomiting; he obtained relief while in hospital, and was sent to his duty, but he returned to the Infirmary in a few days with the same complaint. Being a lounging slovenly boy, without the stamina which a soldier requires, and still complaining of vomiting, and looking sickly and miserable, I recommended him to be discharged, and his discharge took place in due course. Shortly afterwards, being destitute, he

threw himself on the establishment, wherein he died in a few days. His body was examined after death, and the stomach was found extensively diseased, the mucous membrane being every where varicose and pulpy. In neither of these cases had I formed a correct judgment; the knave accomplished his purpose, while the poor suffering boy was treated with unjust suspicion. I am happy however to say, that although for a considerable time he was thought to be a malingerer, he was not treated with any severity.

TYMPANY. In Staff Surgeon Marshall's valuable observations on feigned disease, just published in the 89th number of the Edinburgh Medical and Surgical Journal, he mentions a person who having the power of greatly distending his belly by swallowing air, had thus deceived a board of French medical officers, and thereby obtained an unqualified exemption from military service. *Physconia* Mr. Marshall says is sometimes simulated in India, which he conceives is effected by swallowing large quantities of congee-toddy with a little soap. Many attempts have been made by soldiers to deceive me in this way, but the trick is now too well known in the infirmary to succeed. In the year 1811, as I learn from Dr. O'Hara, Apothecary to the forces, a considerable number of patients, from thirty to forty, belonging to the 2d Battalion of the 84th Regiment, were admitted into the King's Infirmary, labouring, as stated in

the admission ticket, under dropsy and intermittent fever. On examination, the abdomen was found greatly distended, and felt tympanitic ; the tongue, with few exceptions, was clean, pulse regular, urine natural, and bowels in general costive. These men complained of pain in the right side, and many of them of pain over the whole abdomen, with excessive thirst,—drinking more than a gallon of water daily. The disease was at first considered a consequence of the Walcheren fever, but from the numbers increasing, and all with the same symptoms, Dr. Harvey was led to conclude that the complaint was feigned. Under that impression he prescribed a solution of glauher salts in weak tobacco water, which he called the *Infusum Benedictum*; a cupful of this detestable compound was given in the morning, and repeated every fourth hour till it operated, and with perfect success ; all who were in hospital recovered speedily, and the disease, which was becoming epidemical, soon disappeared ; however, sixteen of the number had succeeded in obtaining their discharge, before this method of treatment was discovered.

Two questions naturally occur relative to the production of this form of tympany. First, in what part of the intestinal tube is the air arrested ; and secondly, how is the distension produced. The air must be either in the stomach or in the colon. If in either intestine it might easily be

dislodged by the introduction of an elastic tube into the stomach first, and then up the rectum. If in the stomach, the air is probably swallowed, which many can do without difficulty. It was reported that the men of the 84th produced the distension by swallowing large quantities of chalk and vinegar. Mr. Bamfield, surgeon of the 35th, relates that "he has seen three cases of impostors feigning enlargement of the abdomen, with tension and diseased viscera, which was done by their protruding the abdomen by means of a deep inspiration, in which the diaphragm pressed the abdomen downwards and forwards, then the abdomen was kept so distended by means of very short expirations. The detection" he continues, "was simple and easy, as it was only necessary to surprize the patient while asleep, when his abdomen was soft and unprotruded."

DYSENTERY is sometimes feigned by introducing irritating substances into the rectum, and thereby procuring mucous discharges, in the execution of which men have been detected in the King's Infirmary. Dr. Hennen informs us that men who laboured under dysentery during the Peninsular war often affected its continuance, in order to escape duty, and enjoy the indulgence of the hospital. They bribed the orderlies to exchange their bedpans with those of patients in the advanced stage of the disease, which they showed as containing specimens of their own alvine dis-

charge. By introducing a soap suppository into the rectum, and retaining it there, a mucous discharge may at any time be procured, which could easily be rendered bloody. In the army the simulators of dysentery have merely a temporary object in view, such as the evasion of some particular duty, and hence as those who practise upon *my* credulity do so with a view of being discharged from the army, I have never seen but one instance of this species of imposition; but as Mr. Hutchison tells us that he has often known sailors affected with diarrhœa and dysentery brought on by their own contrivance in order to obtain invaliding, and that he has witnessed, not unfrequently, men falling a sacrifice to complaints of the bowels, induced by various means, but chiefly by a mixture of vinegar and burnt cork, to the use of which substances some of the finest young men in the navy have fallen victims, it becomes us to keep in mind that factitious dysentery may take place in the military as well as in the naval hospital.

CHRONIC HEPATITIS, with the symptoms of which all soldiers who have served in the East Indies are accurately acquainted, is a disease which I have often known to be feigned. When tired of a military life, some of these men feign chronic hepatitis, while others merely exaggerate their sufferings from a disease with which they are actually affected. A majority of Europeans who have spent ten or twelve years in India,

labour under this disease, which is aggravated by atmospheric changes, and then they generally are candidates for the hospital: their names are never long absent from the sick list, in which case they ought to be reported unfit for service. On the other hand, when men who have not been in warm climates obstinately complain of pain in the right hypochondrium, and when we cannot discover any enlargement or fulness in the region of the liver, when the pulse and breathing are undisturbed, the secretions and excretions natural, and when the alleged pain resists topical bleeding and blistering and mercurial purgatives, the sooner we send them to duty the better.

We ought never to put a malingerer under a course of mercury, as by the requisite stay in 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. This goes on till the surgeon becomes tired of his patient, or until, upon the quarters of the regiment being changed, the latter is transmitted into a general hospital, where he will present himself with an abstract of his case.—

“CHRONIC HEPATITIS, of some months or years standing, remedies,—blood-letting, blistering, sali-

vated once, twice, or thrice, with temporary benefit. Nitro-muriatic acid baths ; disease unsubdued." Such subjects have often come under my care ; their flesh and strength being reduced by repeated courses of mercury, their gums absorbed, and teeth shaking in the sockets, whose livers were sound, probably they never were otherwise, but whose broken health required that they should be invalided without delay.

Perhaps I may be permitted to remark that the present treatment, adopted by many civil as well as military practitioners of medicine, for the cure of supposed liver complaints, or even of actual liver complaints of a slight kind, is sometimes productive of very sad consequences. Many a course of mercury is undergone, to the indescribable discomfort of the patient, for pains seated in the intestines, in the duodenum or colon, perhaps in the biliary ducts, or even in the liver itself, which would have yielded to cupping, blistering, common purgatives and a change of regimen. Thus, for example, there is a pain in the right hypochondrium which belongs to hysteria, which will yield to aloetic purgatives, the belladonna plaister, to infusion of valerian and snake root with ammonia, change of residence, exercise in an open carriage or on horseback, and light animal food without wine, which has entailed on many a sufferer, not one, but repeated courses of mercury, each in succession tending more and more to confirm the

pain, till at last by these means the comforts and prospects of the patient have been utterly destroyed. Moreover, a great proportion of the cases of dyspepsia, which are generally treated on what is called Mr. Abernethy's plan, may be removed, with equal certainty, without giving a grain of mercury, by means of a pill every second evening containing aloes if it agrees, if not a pill which will act slowly and moderately, a draught before meals containing some bitter infusion with an alkali, or some nervous medicine, carminative or chalybeate, according to the case, appropriate diet and regimen, and change of residence. My opportunity of observing most of the varieties of disordered digestion, and my experience in treating them without mercury, leads me to protest against the present routine of practice in these cases.

FEVER. A soldier whom I had discharged from the infirmary, where he had been feigning disease of the lungs, was sent back shortly after his discharge according to the admission ticket, "in fever." He acted his part remarkably well; he still complained of pain in his chest, and had a dry white tongue; the tongue was so dry and white that I ordered him to wash his mouth with tepid water, which left his tongue, which he had prepared for me by rubbing it with whiting from the wall, perfectly clean and moist. I forthwith sent him to his regiment and never saw him again.

A soldier who had been in the country on fur-

lough was sent into the Infirmary ; in his ticket he was said to labour under “ Hæmoptysis and intermittent fever :” the appearance of the blood which he presented to me on the day after his admission, led me to think that he was an impostor, and I conveyed my suspicion to one of the resident medical officers, who, next day, met me as I was going into the fever hospital, and told me that I might see the patient in a paroxysm of intermittent fever, for he had just seen him in the *chill*. Without delay I went to see him, and found him shaking violently. I had the bed clothes thrown down, and upon exposing his person, I found him not in the cold, but in a sweating stage, produced by his exertions, which was pointed out to the bystanders; this exposure had the effect of bringing the paroxysm to an immediate close. This man also returned to his duty without making the slightest objection.

CHRONIC RHEUMATISM. This is the disease most generally feigned by soldiers, and it is of all diseases the most difficult of detection. Chronic rheumatism is distinguished by some disorder of the digestive organs, impaired appetite, white tongue, a look of delicacy, a degree of pyrexia in the evening, yielding in the latter part of the night or early in the morning in perspiration. Some emaciation, wasting of the muscles of the affected limb, fullness of the veins, and puffy enlargement of the affected joint. There is in general

an increase of the temperature of the affected part. These symptoms often occur after exposure to cold, after fever, acute rheumatism, or the use of mercury. They are much influenced by the state of the weather, and they yield, at least in part, to proper treatment; whereas those who feign this disease usually retain their appetite and looks; they have no diurnal return of fever, and have no inflammatory symptoms, such as vascular turgescence, swelling, or increased temperature. They give a glowing account of their sufferings, alleging that they have *entirely* lost the use of the part affected, which seldom happens in genuine rheumatism. There is for the most part no adequate cause assigned for the complaint, no relief from remedial treatment is acknowledged, and while, as Dr. Hennen observes, real rheumatic affections are aggravated by damp, the impostor complains equally at all times.

The treatment applicable to chronic rheumatism will, if persevered in, sometimes remove the simulated disease: local bleeding, blistering, tartar emetic ointment, low diet, purgatives, emetics in the evening, antimonial diaphoretics, and electricity. These however will sometimes fail, and it will then be necessary to report the case to the commanding officer, whose treatment will sometimes effect a cure when that of the surgeon has failed, as appears in the following case, related by Mr. White, surgeon to the 84th regiment. Stephen M'Can, a soldier of the 27th regiment,

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 300 lashes. 150 lashes were inflicted without effect, he obstinately declaring his utter inability to stand erect. However, when he was ordered out to receive the remainder of his punishment, he requested to see Mr. W. and entreated his intercession with the commanding officer ; he begged for three or four days indulgence from parade, when, he said, he would turn out a clean and clever soldier. The commanding officer having ordered him to be released, at the expiration of the time specified, he appeared on the parade as straight as any man in the regiment : he confessed his imposition, promised to be a good soldier in future, afterwards went on service with the regiment, and conducted himself so as to give satisfaction to his officers.

DROPSY. The only form of dropsy feigned by soldiers is anasarca of the inferior extremities. When this affection exists without any other symptom of disease, the patient must be stript to the waist to ascertain that there is no mark of ligature either above or below the knees. Sometimes the swelling is produced by tightening the strings of the drawers. He ought also to be examined for the same purpose while he is in bed, especially in the morning. Staff Surgeon Ormsby relates the case of a private of the 19th, who was left be-

hind that regiment, as, he said, he was unable to walk, in consequence of his legs swelling every night; his general appearance was healthy. After a few nights the hospital serjeant visited the wards at a late hour when the soldier was asleep, and, on lifting up the bed-clothes, the cause of the swellings was discovered, tight ligatures being found under the knees, obstructing the circulation of both limbs.

I shall now conclude this report with a recapitulation of such rules as seem calculated to divest this most unpleasant duty of all harshness and unnecessary responsibility. The wiles of soldiers in hospital, let me again repeat, will be with more certainty discovered by those who have an accurate knowledge of disease obtained from clinical observation and pathological writings of authority, than by those possessing natural sagacity, in the highest degree, if unassisted by a habit of carefully contemplating and studying disease.

1st. The medical officer must 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, and he will in general find that complete ignorance of

his sentiments will, more than any thing, disconcert the malingerer.

2dly, If the case is evidently feigned, he ought to take the malingerer aside, mildly expostulate with him on his folly, or, if necessary, threaten to report him to the commanding officer if he should persist in his misconduct, or again attempt to feign sickness. By such means many a good soldier has been reclaimed, who, had he been exposed to shame, would have become a callous profligate.

3dly, If he should fail by means of persuasion, and if the fraud be palpable, he ought to take the malingerer into hospital, and without prescribing for his pretended complaints, lay the case before the commanding officer.

4thly, But if the grounds of his suspicion cannot be convincingly stated, he must cautiously conceal his sentiments, until by patient investigation his doubts are removed, and a satisfactory report of the case can be prepared.

5thly, In this stage of the inquiry, he must employ no means but such as would be applicable to the case were it genuine. He must not, on his own authority, employ any coercive or penal measures, not even irritating applications, nauseating

medicines, nor spare diet, unless such would be proper were the disease real.

6thly, When, after the calmest inquiry, he is convinced that the complaint is unfounded, or the disease fabricated, and shall have reported accordingly to the commanding officer, the case is no longer in his hands; he ought not to prescribe for the malingerer, but ought to pass him in going through the wards. Neglect will often bring him to resume his duty. The commanding officer, if he be a judicious man, and repose confidence in the surgeon, will take the advice of the latter relative to the treatment of the malingerer, and will authorise any measures which medical experience may suggest. Restraint or punishment in hospital, under the sanction of the commanding officer, may, in some cases, be useful.

7thly, If the malingerer should still persevere in a course of imposition, it is customary to bring him before a court martial. It would appear to me that a medical board, consisting of at least three medical officers of mature experience, would be found the better tribunal in the first instance. If the medical board should report favourably of the accused, he will be discharged from the service, and the corps relieved of a clog; if unfavourably, he must then abide the sentence of a court-martial.

To suppress malingering is an important part

of the discipline of a corps, in which the surgeon must assist to the utmost of his ability ; his conduct, however, must be guided by just principles. He must avoid all harsh, arbitrary, and unauthorized proceedings. After having stated his opinion, and the grounds of it, and given his advice when required to do so, the case is no longer in his hands ; all further measures must originate with the commanding officer, with whom the responsibility of these ought solely to rest.

I have the honour to be,

Sir,

Your most obedient servant,

J. CHEYNE.

the discipline of a corps, in which the surgeon must assist to the utmost of his ability; his conduct, however, must be guided by just principles, and must avoid all harsh, arbitrary, and unmanly proceedings. After having stated his opinion, and the grounds of it, and given his advice, he is required to do so, the case is no longer in his hands; all further measures must originate with the commanding officer, with whom the responsibility of these ought solely to rest.

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