Editorial.

In the article on "The New Geneva Convention," published in the last number of the Journal, an impression has been produced by the notes on Article 13, which is much regretted. The author, who is alone responsible for the notes, gives an utterly false conception of the attitude of our allies towards pay of their officers and towards religion. Although he under-estimates the pay mentioned by him by about 2,000 per cent., he forgets that patriotism, not pay, is their motive in war, and that no nation is more tolerant of religious creeds, or has a greater sense of true religion, than the courteous, high-minded, and friendly people who are our allies.

Clinical and other Notes.

SOME UNUSUAL CASES OF MALINGERING AND THEIR ELUCIDATION.

By Captain F. E. Wood,
Malay States Guides,
and
W. Bryce Orme,
District Surgeon, Larut.

Numerous as are the many artifices employed by persons for the purpose of deception, yet it is somewhat infrequent that an organised attempt should be made by a number of men to deceive the doctor by so clever an imitation of actual disease as was employed in the cases about to be described. Cases of malingering have given us considerable trouble, and we consider that it would be of general interest to the profession to give an account of some which, though in themselves giving no indication of their cause, were subsequently proved by experiment to be due to irritation caused by an Indian drug commonly known as "Marking-nut" (Hind., Bhilavan), Semecarpus anacardium.

These cases presented in greater or less intensity the following points:
(1) A previous abrasion (one case excepted); followed at an interval by
(2) acute inflammation of the skin with subcutaneous œdema, the latter subsequently becoming solid and the part brawny; (3) the complete absence in all cases of any lymphangitis or glandular enlargement; (4) constitutional disturbance, slight or entirely absent.

In the first two cases which came to our notice the following probable causes were thought of: (1) bacterial; (2) protozoal; (3) artificial.

(1) A Local Bacterial Infection.—This was searched for microscopically, both in scrapings from the surface and by puncture, with negative results (having no culture media we were unable to investigate the case bacteriologically). The entire absence of lymphatic involvement and constitutional disturbance which one would expect to accompany so acute an inflammation led us to put this idea on one side.

(2) Acute Local Exacerbation of Elephantiasis.—With this in view thick films were taken and examined on consecutive nights, but no microfilaria were found. Negativing this proposition, also, is the fact that filariasis is undoubtedly uncommon in Perak; further, there was no rise of temperature or severe constitutional disturbance, as one would expect in attacks of elephantoid fever.

(3) The Application of some Irritant Drug.—This was discussed, but as no drug that we were acquainted with would produce such a condition, and, moreover, the fact that the part affected remained in a state of chronic inflammation for a long period, tended to make us search for some other cause.

We had not sufficient justification to accuse case No. 1 of malingering, and were nonplussed as to the cause of his complaint and condition, since he showed no improvement under any treatment. He was accordingly invalided from the Service as being unfit for work. Case No. 2 was sent on sick leave to India. A third case presenting itself, with similar signs, again perplexed us, and tended to convince us that the complaint was infective in nature and not produced by artificial means, and it was not until the occurrence of case No. 4 that we ascertained that the condition was really artificial.

Case No. 1, a Sikh, came to hospital on March 27th, 1907, suffering from an abrasion on the dorsum of his left forearm, said to have been caused by contact with a gun-wheel. This was treated on ordinary principles, but after a few days the whole hand and forearm were found to be intensely oedematous and reddened. This erythema gradually gave place to vesiculation and the formation of pustules, accompanied by much local heat. Within a week the whole hand and forearm were greatly swollen, brawny and indurated. After some considerable time the original wound completely healed, but the induration and œdema remained until he was invalided from the Service on June 25th, 1907. He was subsequently seen by a dresser, who stated that, although all the above signs had disappeared, some weakness of the limb remained.
Unfortunately, the case could not be followed further owing to his death from intercurrent disease.

Case No. 2, also a Sikh, was admitted into hospital on February 12th, 1907, suffering from an abrasion on the right foot, said to have been caused by a fall whilst playing football. He was discharged on February 28th, 1907, well. One month later he was readmitted suffering from solid œdema of the same foot. He was kept in hospital for one month, and as no improvement took place, was sent to India on sick leave. Six months later he returned and performed his duties for three days. He then attended hospital, as the œdema was again becoming manifest. This increased, and he was admitted into hospital a third time, where he still remains. His leg was encased in Unna’s paste, the upper part showing considerable improvement. On removal of the paste, however, the leg resumed its condition of brawny induration.

Case No. 3, a Sikh, attended amongst the out-patients on July 11th, 1907, suffering from an abrasion on the dorsum of the left hand and wrist, said to have been caused by a fall. About ten days later, swelling of the forearm and hand began to develop. This swelling, as in case No. 1, was accompanied by local heat and redness, with gradually increasing induration. This continued, in spite of all treatment, until about the beginning of November, when we received information leading us to believe that this condition was caused by an irritant drug. From this time, although no treatment was adopted, improvement set in, so that he was able to return to duty by the middle of December. At the present time he shows no trace of his previous complaint.

Case No. 4, a Sikh, was admitted into hospital on November 2nd, 1907, presenting marked œdema and redness of the left forearm with large pemphigus-like blebs. This man was, owing to some disagreement with a comrade, accused by him of applying some irritant drug and so causing his condition, the result of this being that the whole hand and forearm speedily improved. As in the former case, this tended to support the idea that the disease was artificially caused. He is now in perfect health.

Case No. 5, a Punjabi Mahomedan, was brought to hospital on October 23rd, 1907, with a lacerated wound on the right palm and abrasions on the left hand, caused by a premature explosion of a gun. He was discharged from hospital on November 8th, 1907, having nothing more than slight stiffness of his right hand. On December 2nd, 1907, he was readmitted, presenting the following extraordinary signs: the whole of his scalp, face, arms and trunk as far as the umbilicus were acutely inflamed, swollen, and covered with an erythematous rash. In addition to this there was congestion of the conjunctivæ with chemosis. On auscultating his chest numerous rhonchi were heard; his temperature was 100·4° F.; his urine showed no albumin. He was accused of
having caused this condition by means of marking-nut fumigation, which, however, he stoutly denied. Shortly after admission, blebs appeared on the hands and forearms; but without any treatment the whole condition subsided within a week, undergoing resolution with exfoliation of the skin.

Case No. 6 was an experimental one. One of the hospital orderlies volunteered the information that he had previously seen, whilst working on a sugar estate, a similar condition artificially induced by indentured coolies for the purpose of malingering. The procedure had been as follows: the marking-nuts above mentioned were bruised and then placed on glowing charcoal in a brazier. A limb was then exposed for some twenty minutes to the fumes which arose, by which means the appearances above described were produced; a blanket was thrown over the limb and the brazier to concentrate the action. In order to prove the veracity of his statement the man offered to try the experiment himself. This was carried out in our presence. Accordingly, some marking-nuts were procured from the bazaar and bruised in a mortar. The fumes were produced by placing them on burning charcoal in a kerosene oil tin. The orderly’s right hand and forearm were held about one foot above the fire and the limb and apparatus entirely covered with a blanket. At the end of ten minutes the limb, on being examined, showed no signs of abnormality whatever, but according to his statement it was numb. For the next few days he was carefully watched, and much disappointment was felt that no signs of the condition hoped for appeared. However, one week from the date of the experiment, oedema began to appear in the forearm, and by the tenth day both hand and forearm showed local heat, oedema and marked redness. No treatment was adopted, and at the end of another week, desquamation having occurred, the limb resumed its normal appearance.

Case No. 7.—To try the local effects, one of us, F. E. W., applied the expressed oil over an area the size of a threepenny piece to the flexor surface of the left forearm. In a few hours there was considerable irritation, and this was followed by a blister. A few days later there was intense irritation with the formation of an areola of secondary vesicles; the forearm continued to swell, and in one week from the application it presented the following appearance—the whole forearm was swollen, red and intensely inflamed, the limb was extremely painful, but no enlargement of the lymphatic glands was present. Desquamation of the limb followed, with gradual return to its normal condition.

Concerning S. anacardium, the following extracts have been taken from the Materia Medica of Madras, vol. i., 1891, by Mohideen Sheriff Khan Bahadur.

"Synonyms.—Marking-nut (Hind., Bhilavan).
"Physiological Actions.—Internally, sedative, antispasmodic, nervine and alterative tonic; externally, stimulant, rubefacient and vesicant."
"Therapeutic Uses.—Externally, the oil is a cheap and useful counter-irritant, but requires great care and caution in its employment. The nut is more useful in hemorrhoids in the form of fumigation than the internal administration of its oil or electuary; but, unfortunately, its smoke is attended with bad effects on some constitutions. Out of the two severe and painful cases of piles I treated with fumigation, one suffered from oedema of the face, chest and abdomen, with an erysipelatous blush, while the other was quite free from all these symptoms. The persons engaged in removing the kernel frequently suffer from a swelling on the arms, face and legs. The swelling of the face is generally accompanied by an erysipelatous blush, and that of the extremities by a miliary eruption. In some severe cases the swelling lasts for more than eight or ten days, and terminates by desquamation of the cuticle.

"Remarks.—On breaking the nut, the pericarp will be found to contain an oily juice, which is very black, of a thicker consistence than honey, viscid, and leaving a permanent black mark on cotton cloths. Owing to its last-named character the juice is used for marking cotton cloths all over India, and the fruit producing it is therefore called in English the marking-nut."

Some Points of Interest.—One of the chief points brought out by our experiment was the prolonged interval between the act of fumigation with the drug and the development of the toxic signs. For instance, had we isolated cases Nos. 1 and 3, we may suppose that the results would still have followed in spite of the strictest observation, thereby making the detection of a malingerer extremely difficult. Another point, not without significance, was the fact that in no less than three of the cases the left arm was the part involved, and this for the obvious reason that the right arm was used for carrying out the process of fumigation.

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INTRAPERITONEAL RUPTURE OF AN ABNORMAL BLADDER.—OPERATION.—RECOVERY.

By Major C. B. Lawson.
Royal Army Medical Corps.

At 9.15 on Christmas morning, 1906, I received a message from Captain Ryan, R.A.M.C., to the effect that a case (No. 7573 Gunner E. D., 65th Company Royal Garrison Artillery) which would probably require immediate operative treatment had been brought to the Military Hospital, Valletta. I arrived at the hospital about 9.30 a.m., where I met Lieutenant-Colonel Jennings, R.A.M.C. (the officer in charge of the hospital), who had already seen the patient and considered his condition grave. Captain Ryan, R.A.M.C., gave the following history of the case:

The patient had, at about 9 a.m. that morning, tried to raise above his head a heavy bar dumb-bell and which had fallen on his abdomen. He was brought to the Medical Inspection Room, St. Elmo, supported by

1 Found afterwards to weigh 95 lb.