On the Diseases Feigned by Soldiers and Recruits for the Army. 1856

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As an essay comprising the whole range of this subject would be too voluminous, I intend writing principally on those diseases which are signified by soldiers either to obtain their discharge from the service or to avoid the duties assigned to them. As diseases are signified for a variety of purposes, so the character of the applicant, disability is calculated to suit the occasion.

If a soldier wishes to avoid the performance of duty, an acute disease is simulated; if, however, the desire to obtain a discharge, with or without a pension, an infirmity of another class is signified, one which purports a chronic incurable character, calculated, if possible, to excite pity and commiseration (Quarshale). When we are called upon to investigate a case of doubtful disease we should carefully inquire into the moral and physical habits and probable motives of the suspected individual, and also into the alleged causes of disease and consider their probable relation to the complaint.
question. We should also ascertain the presence or absence of those symp-
toms which are pathognomonic of the alleged disorder.

In order that the medical examinee may detect peculiar from real disease he should have an accurate knowledge of disease obtained from clinical ob-
tervation and pathological writings. Dr. Cheyne in his work hints to young medical officers remarks. 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 de-
tection of imposture.

To force a soldier who is unfit for the hardships of a military life, to continue in the service is undeni-
able an act of great oppression and often a source of disappointment to the commanding officer of the corps to which he belongs; while on the other hand, every instance in which fictitious or fabricated disease escape detection and punishment, becomes not only a reward granted to
farsaid, but a premium held out to future imposition (Gwix).

The medical officer entrusted with the examination of military men, must be constantly on his guard against imposition, or the exaggeration of trifling symptoms and appearance. In looking to the disabilities which entitle soldiers and sailors to discharge and pensions, it is obvious that many of them cannot possibly be feigned without the most consummate art and perseverance, and that others may be feigned or induced with comparative facility. But no classification can be made which would absolve the surgeon from the necessity for the most guarded circumspection in all cases; enable him to avoid the chance of individual hardship or injustice, and relieve him from that load of professional responsibility under which he lies to the public on the one hand, and to the disabled and deserving soldier on the other.
The diseases assumed are various, according as they are assumed for temporary or permanent purposes: for the purpose of admission on the sick list, or of procuring their discharge from the service (Ballenaga).

The Medical officer requires to call the wisest powers of judgment to his aid, when presumption or probability point one way, and testimony another, for the balance is often so exactly poised or the difference so small that acenteps alone can free him from mistake.

Marshall in his hints VC gives a case which demonstrates this very clearly.

J. M. H. MelbourneFreshman enlisted for the W. I. C. S. August 26th 1821 and was approved in Dublin; shortly after joining the Depot at Chatham he pretended deafness and was convicted by a Medical board of being an imposter. On arriving in India he again pretended deafness was discharged and sent home: was approved as a Recruit for the 13th Light Dragoons, December 26th 1821.
was discharged April 27th 1826 in consequence
of chronic pains in his limbs and
deafness: enlisted for the R. E. I. C. on
May 27th 1826 and sailed the same
November.

On examining the lists of feigned
and factitious diseases given by
different authors, it will be found
that they are
generally referable to two great
classes, viz. I External infirmities
real in one sense, tent arising from
factitious and culpable causes.

And II Internal ones whose origin
is uncertain, and which, from their
nature tend to produce great commu-
nication on the part of the ob-
servers.

However as all these arrangements are
arbitrary, I shall in the following dis-
sertation group those diseases, upon which
I am going to treat according to the plan
followed by those authors who have
written upon Maladies as occurring in
civil practice and I am more inclined
do this from my having been accu-

 accustomed to view diseases under
this classification in my studies I will follow this order and therefore consider them as:

I. General diseases
II. Special diseases.

Under general diseases I shall consider:
1. Fevers
2. Rheumatism
3. Debility
4. Cutaneous affections

Special diseases I will arrange under the subdivisions as follows:

1. Nervous System
2. Organs of Circulation
3. Organs of Respiration
4. Digestive Apparatus
5. Urinary and Generative organs
6. Organs of Tissue
7. Organs of Locomotion

I. General diseases.

1. Fevers

There are only two varieties of fever which appear to be simulated; of these the Intermitent is the most difficult of detection, more especially if feigned by an old soldier. Continued is characterized by such well marked diagnostic symptoms, that little difficulty need be experienced in detecting
Intermittent Fever.

In the history and symptoms of an intermittent, some old soldiers are profoundly versed, skilfully imitating its rigors, but generally overacting their parts, and increasing their efforts to deceive when the surgeon’s suspicions seem to be awakened. It is well known that a paroxysm of this kind of fever, rarely come on after 8 P.M. Consequently, an easy method is afforded of detecting suspicious cases, by simply desiring the patient to send for his medical attendant at the approach of a paroxysm, at whatever hour of the night that circumstance may occur (Chabrol).

Instead of finding the patient, with the symptoms which usually accompany a paroxysm, he will appear to be labouring under the sweating stage, produced by his exertion.

Dr. Cheyne relates a case of a patient who was called to see in the general hospital who was said to be in the cold stage of this fever. He found him however not in the cold, but sweating stage brought on by over acting his part. This man returned to his duty without making
the slightest agitation.

Continued Fever.
The means employed for producing this disease, are various; in some instances, it has been simulated without stimulants but whether feigned or excited, it may be remarked, that they are exceedingly ephemeral; a day or two's examination, being generally sufficient to discover the deceit. A frequent repetition of the use of stimulants, is too hazardous, and real disease might be the consequence.

A paroxysm of fever, is said to be excited by the introduction of a clove of garlic into the nether, and the white tongue characteristic of this disease has been imitated by rubbing it with chalks (Sir H. Bellingsale). Swallowing small quantities of tobacco juice, quickens the pulse, and produces an appearance of general indisposition. A similar effect is produced, by introducing it into the arms (Marshall). A feverish state may be caused by violent exercise.

Neither the quickness of the pulse, nor the heat of the skin, is infallibly indicative of the presence of fever; therefore, the
state of the tongue, stomach, and stool, and of the senses should be most particularly attended to (Rennel). Scrubbing the skin with a hard brush, gives a flush, difficult to distinguish from the colour caused by fever, and only detected by waiting patiently by the bed side until it subsides (Dorlop).

Rheumatism.

Accumulations of this disease, more especially of its chronic form, are not easily detected. Marshall states that many soldiers have been discharged, and even pensioned, in consequence of chronic rheumatism, whose health was good; who satisfactorily demonstrated that they had the complete use of their limbs, almost immediately after regaining liberty. "The impostor, who feigns this disease, gives, for the most part, an exaggerated picture of his sufferings, even beyond what seems to be experienced, in the genuine disease (Sir G. Bulengo).

In acute rheumatism, there is generally some puffiness of the affected part, with a certain degree of fever, and disorder of the
Digestive functions, also considerable alleviations of pain; sometimes, the resumption of mealtimes, seems to depend on the medicines employed— at other times, on the condition of the weather.

If the disease be of long standing, the limit becomes reduced, and the countenance expressive of debility & general indisposition. The patient is generally found in bed, or moving about very leisurely: whereas, those who feign this disease, have no puffiness of the part, no fever; medicines have no remedial effect, nor is the pain alleviated by change of weather.

According to Sir J. Ballenger, the best treatment is that, which is most beneficial in the real disease, for repeated blistering and counter-irritants, become eventually intolerable to the impostor. Even hallucination is often benefitted by exercise, and is not therefore always a cause of exculpation from duty.

Debility.

An ill constituted habit of body, and great weakness, are occasionally simulated for various purposes, such as to procure
leave of absence from foreign stations, or to corroborate verbal statements.

Various means have been employed to produce the drunkenness, with its tremor and_detemor emission circle—but the most, soft, and tremulous tongue, with its depressed papillae, and the soft flabby skin (all of which) are nearly incapable of being stimulated. The use of purgatives, infusions of tobacco, verjew, indulgence to excess inspiritsuous liquors, and deprivation of sleep &c. will have a debilitating effect, and cause the pale face, hollow eye-ches and sunken eye.

Marshall relates the case of a person, in ordinary health, succeeding by indulging freely in wine & depriving himself of sleep for two or three nights, previously to his being examined by a medical board. His disordered attitude, wizhkey chin, hollow eye, depressed jaw, pale and contracted countenance, so changed his usual appearance, that he was scarcely recognizable by his acquaintances. In such instances it is the duty of the surgeon, to inquire whether there is a loss of appetite, or of
if swelling of the legs be present, it is also necessary to examine the state of the pulse and skin (Beck).

Cutaneous affections.

Appearances very much resembling certain skin diseases, may be produced, either by applying externally acrid, caustic, or other irritating substances, or by the internal use of substances strongly salted.

Some conscripts in France having accidentally discovered, that certain articles of diet excited an effloration or eruption on the skin, successfully availed themselves of this gastric sympathy, and pretended, that the temporary cuticular discoloration was a chronic cutaneous disease, thereby obtaining an exemption from military duty. The ingredients most frequently employed externally are, burnt chalk, Quicklime, and Blistering Plaster.

Marshall relates the case of a man, who would have gained his liberty, had the examination of the scalp not been very carefully performed; he succeeded very well, in simulating scabies, by means of a poultice composed of saffron butter, honey, sulphur, and a small quantity
of powder of Cantharides.
Whatever be the means employed, the
practical Physician will be able to
detect the fraud, by the tractable
nature of the affections.

II Special diseases.
Vertigo and Headache. Paralysis. Epilepsy.
Catalepsy. Ptosis. Impediment of speech.
Lumbago and Sciatica.

Insanity.
Of the four forms of insanity those most
commonly recognized, are, furious mania,
and intellectual weakness, or delusional idey.
Of these, furious mania, seems to be that,
which is most frequently recognized.
Dementia on the other hand is most
easily and successfully faked; but
in none of these cases, is it easy for an
imposter to keep up that continued
attention to appearances, which is necessary
for his purpose. In feigning insanity,
the pretenders often overact their part,
they generally seek to personify the
motion of madness, usually entertained.
by the vulgar, namely, the total abolition of the reasoning faculties, instead of their partial perversion (Cyclopedia of Practical Med. Vol. 2)

The most consummate art and hypocrisy are necessary to enable them to play their part with even a tolerable degree of success. Here the experience and discriminating powers of the physician, will effectually assist the judgment, as his knowledge of the symptoms, and most frequently accompanying peculiarities, modes of reasoning, feeling, acting &c. is superior to that of the novice, who undertakes to exhibit them; for however accurately he may imitate the frantic ravings of delirium, he cannot assume that consistency of erroneous reasoning, that peculiarity of look, that characteristic expression of countenance, which uniformly accompany the genuine disease, and which, though not to be satisfactorily described, will often determine the question, when every other mark is equivocal (Cox).

The real disease is found to occur suddenly, and on inquiring into the
history of the patient, it will be noticed, that he has manifested a singularity of character, and that his mind has been in a state of occasional aberration; for, perhaps, months previously, whereas in genuine cases, it comes on suddenly, without any premonitory symptoms. Pretenders also, are unable to prevent sleep, that watchfulness which is so constant an attendant on the insane, scarcely to be preserved for any length of time by those who are in actual health.

In dementia, if real, the patient presents a pale countenance, with dull and moist eyes, countenance motley, and without expression. If congenital, the form of the head and his previous history will establish the fact. In genuine cases, the manner invariably comes on, without premonitory symptoms, and frequently under circumstances, where the object can be distinctly seen; for, in such a case, we have none of the physical phenomena, which are to characterize of the commencement of an attack.
of genuine mania, there is always a kind of hesitation and reflection to be observed in his discourse; his wild ideas, do not succeed each other with the same rapidity, as those of a person whose understanding has been really destroyed.

As a test, I prefer proposing to repeat to the insane person a series of ideas recently uttered; the pretended madness, instead of wandering incoherently, would judge it most expedient to repeat the same words, for the purpose of proving his madness.

This species of disease says Sir J. Bell is extremely difficult to detect, when feigned by a clever and persevering impostor. Most men having engaged "opportunities of judging the character in the instance of the poor idiot, still to be met with at large, in almost every village.

In suspected cases, it is best, first, to propose painful operations, nauseating remedies, blisters, or threaten some punishment, together with solitary
confine the sufferer to a room, and make him wear a straitjacket. If these measures have no effect, Dunlop's method should be tried, which is to place the sufferer in a chair fixed upon a spindle, which revolves upon its own axis and is turned by a wheel and crank. This is continued for two minutes generally produces mania and vomiting, and but few men can command the spirit sufficient to act any part after it.

Here, postures, bringing the suspected individual in contact with a person whom he knows, has been accustomed to the care and treatment of lunatics, he immediately exposes himself by becoming tenfold more foolish, boisterous, and unmanageable than before; he thinks by these means, to impress the minds of the beholders with awful ideas of his very alarming or parable state.

Nostalgia.

I shall not enter at any length into the details of this disease, as it is but seldom figured in our armies, and in the few cases where it may occur,
it is so very early detected from the
real disease, that the most inexperienced
surgeon, will have very little difficulty
in seeing through the imposition.
The most marked signs of the
real disease, are, the languid appearance
and loss of appetite, the patient absolutely
refusing to take food; whilst in the
simulator he will be found to take
his meals as usual. The expression
of countenance found in the real, and
which is impossible to imitate, is
wanting; moreover, fevers express
a great desire to revisit their native
country, whilst those who are really
diseased, dare not make open avowals,
and are little affected by the consultation
which hope or prudence affords them.
Vertigo and Headache.

These diseases, when feigned, are very
difficult of detection, more especially
if feigned by one, who has been previously
subject to them; and even when truly,
the patient generally exaggerates his
ailment, attaching an intensity and
undue degree of importance to them.
If the pulse is neither slow nor irregular,
of the stomach, is undisturbed, and the eye expresses, the surgeon will find the complaint yield to those remedies, which remove determination of blood to the head, such as purgatives, antimonials, low diet, typical bleeding, blesters, &c.

If headache alone, be the foremost complaint of, and the surgeon fail in establishing any connection between the complaint and deranged digestion, extreme irritability of the nerves, rheumatism, a curious truth, syphilis, or organic disease of the brain &c. he must resort to the usual inquiries, relative to the character, history, and circumstances of the individual, by which means, he well often have his doubts, at once removed.

Paralysis.

The disabling effects of the loss of the power, of the superior and inferior extremities, the simulation of which is very easy, is frequently pretended.

Sir H. Bellingall remarks, that when this disease has been suspected, impostors, have occasionally been detected, by the application of strong and unusual
Stimuli, particularly the electric shock, or by approaching the individual during sleep, and tickling him in such a way as will induce him to move the pretended paralytic limb.

A case is related by Hutchinson, where the application of a feather to the ear on the affected side, proved successful. The man laboured under a pretended paralysis of the right arm. After lying two months in the hospital, without apparent relief, the (Hutchinson) caused fifty drops of laudanum, to be administered to him in his tea, after a short time he visited him for the purpose of applying the feather; on the first application he raised his paralyzed arm to his ear, which he rubbed with no sensible degree of force; it was then tried a second time, when the man immediately turned round upon his left side, dropping the bed clothes over him, with hishurst to itself, useless limb.

The following case related by Marsh, not only illustrates, the discontinuance of fraud, where its existence was hardly suspected, but also the amount of
fortitude sometimes displayed by impostors.
A private belonging to the 10th Regiment, while it was on duty in the Mediterranean, pretended that he had lost the power of his inferior extremities, and, for a period of two years, endured all that medical skill, and suspicion of his testimony could suggest, with the view of enabling, or forcing him, to return to his duty. Before recommending him to be included, his medical attendant submitted him to the following trial. He was confined in a small room, and a shelf well stowed with provisions suspended over his head, which he could easily reach by merely standing upon his leg, but not otherwise. At the end of forty-eight hours the food remained untouched, and it was not considered advisable to prolong the experiment; he was then included in the list of convalesces and put on board a transport bound for England. While in the harbour, an alarm was given, about midnight, that the ship was on fire; every one hurried into a boat alongside. After
reaching the gang, the passengers were
mustered, and it was found that the
paralytic invalid had not only succeed
in saving himself, but also his trunk
and clothes.

Many of the seizures of this disease may
be found out by administering chloral,
for no effect of the will could possibly
result the violent contractions of the
muscles during the transition stage.

Epilepsy.

An attack of this kind, particularly
attention should be paid to the state
of the pulse, and the eye. If the
attack is real, the pulse is small,
hard, and slow, the pupils are fixed,
and insensible to the action of light.
Along with these marked symptoms
there is a total loss of sensation, so
that the application of the actual reality
does not produce any effect.

The discharge of blood and saliva
from the mouth of an imposter,
is occasionally produced by biting
the tongue, or sticking the gums, and
eleving a piece of saps. But the
fictitious epileptic is unable to produce
the bloated and distended countenance, and to arrest the convulsive muscular power, characteristic of the delirium; or to resist the usual effects of drowsiness applied to the eyes, the nostrils, or the skin. (Sir J. Bellany)

Dr. Cheyne recommends introducing a drop or two of spirits into the eye as a most effectual method of exposing a semilunar of epilepsy. The oil of turpentine has been employed in a similar manner. Blowing dry stuff up the nostril from a ginger, is an effectual method, of tickling the nostrils with a feather is sometimes sufficiently effectual. Should delirium remain, after such the use of spirits, as mentioned above the actual cautery may be procured in the hearing of the patient, and is deemed necessary carried into effect.

Catalepsy.

This affection is very rare and but little understood; there are a few cases of its having occurred in military life. If there be any cause for suspecting a cataleptic, the remedies already indicated for the delirium...
of feigned epilepsy may be administered with advantage. Dr. Smith mentions the case of a soldier named Drake, who assumed an appearance of total insensibility, and resisted for months, every sort of treatment, even the shower bath and electricity, but on a proposal being uttered in his hearing, to apply next that view, his pulse rose and amendment shortly followed.

Ptosis.

Is an affection which, when feigned, can be readily detected, by attending to the peculiarities, known to accompanying the real disease.

If it is not feigned, it generally arises from one of two causes, paralysis of the third nerve, or relaxation of the integuments of the former, on raising the patient's eye lid, the globe will be found move on left abducted, and by his own efforts direct the eye still further outwards, but neither upwards, downwards, nor inwards. The pupil is immovable, and somewhat dilated. If he looks with both eyes at objects placed on that side of him, towards which the eye is abducted, they appear double, while those in the opposite direction appear
double. It may happen, that the breath of nerve is paralyzed at the same time, if so, the cornea is found in a central position, from which the patient cannot move it in any degree.

If relaxation of the integuments is the cause, the operation usually employed is to take it simple; at the same time so effective that it might be performed on a sickly person without any evil resulting, the patient being always able to return to his duty shortly after the operation.

Impediment of Speech.

This infirmity is so very easy of simulation that any man, with a little care, may be able to avail himself of it. Simulators commonly state, that it is congenital, but the more artful describe it to a fit of apoplexy, or a severe fever. The means usually employed for detecting suspected cases are far from satisfactory, owing principally, I think, to the many different peculiarities in stammering, some being worst in company, others best, some being able to read with the greatest ease.
unable to read at all
others on the contrary. That watching,
having them addressed by parties, they
do not mistrust, keeping them without
meat until they call for it. We are all
useless, I may only relate the following
case to prove. A schoolboy in the
same academy as myself, when called
before the master, or a superior, was
unable to give utterance to a single
word, without throwing the whole
of the muscles of his body into action.
If ordered to read, he was from three
to five minutes, in getting over one
line, if spoken to sharply, or threatened
with punishment for his slovenly habits.
Instead of having a beneficial effect, he became
much worse; yet this boy, after three
hours in the play ground, or among
his schoolfellows could speak as well
as any present, and in many instances
much quicker. There is another pecu-
liarity, in connection with this case, which
I think worthy of notice, a brother of
his, who spoke quite fluently, carrying
the easy life of the stammerer, who was
for the most part, exempt from this
defect, learned stammering, thinking of

this means to follow in his footsteps;
the result was that he became in
reality the worse of the two.
I had an opportunity of seeing them
both three years ago, and to my surprise,
they still continued in the same state.
The first is brought in contact with
a man of higher standing or into
female society, could scarcely utter
a word, the other could but articulate
one word either alone or in company
without stammering.
Lumbago and Sciatica.

As frequently assumed by officers to accom-
plish their rejections, and by old soldiers for
the purpose of obtaining their discharge.
In cases of simulated lumbago, where
the pretenders remained bent nearly double,
Baron Pecos, was remarkably successful in
his attempts, to produce convulsions, by engaging
the patients in an interesting conversation,
while an assistant approached and pricked
them on the posteriors with a long needle.
In lumbago, when real, the pain continues
for a great length of time, the general health
becomes more or less disturbed, and the
affected limb also becomes unceaseful.
The treatment recommended for scurvy, viz. the actual cautery, carried along the course of the nerves, will generally be found sufficient, to cure a stimulant. Doctor cured a case of scurvy Toten, on the spot by applying a more.

2 Organs of Circulation.
Organic Disease of the Heart. Palpitation. Alterations in the state of the pulse.

Organic disease of the Heart.

The stimulation of this disease has been of very frequent occurrence. At one time especially, it prevailed to a great extent, owing to the introduction of belladonna, by a man who had been brought up under a Venetian surgeon, who had acquired a knowledge of the effects of certain drugs. This man used to administer it, in very large doses, so large indeed that one man lost his life & several others were with the greatest difficulty restored. Its effects were those of an inhuman poison, producing burning pain in the stomach and throat, violent vomiting, cramps of the limbs, and cold sweating. When reaction sets in, the
Arteries though recently, the heart palpitated, and the face becomes flushed. By applying the stethoscope, over the cardiac region, there is heard a distinct mushing sound, as if produced by neguritation. "Tight ligatures around the neck and upper part of the arm, violent exercise, and severe blows against the parietes of the chest, over the precordial region, have been employed to simulate, but, in reality, have brought on the heart palpitation.

There are a few cases recorded of palpitation having been voluntarily produced. Dr. Bum relates one of the means he employed in rendering it very imperfect. The man, who was the subject of this supposed complaint, had his head held back, so as to destroy that voluntary combination of muscular action which was thought by the Doctor to produce it. It may also be brought on by tight ligatures applied around the neck or upper part of the arms. By this means, the circulation may be greatly disturbed. In the treatment of the symptoms, Professor Schmitt relates a case of a young officer, who brought it on, by compressing the abdomen.
Alterations in the State of the Pulse.

The pulse at the wrist may be found either excited or weak, and in some instances, none at all can be discovered. The cause may be either voluntary, by the internal use of certain drugs, or by the application of tight ligatures. Seamen are known to produce a temporary quickening of the pulse by striking the elbow forcibly against a beam of wood (Beck). Tobacco, Tartar of Antimony, and Digitalis will cause a depressed state. One case is related by Halsted, of a man who took Digitalis for fifteen days, which was followed by threatened syncope on the slightest moving. Whenever deceit is suspected, the pulse should be felt at the temporal or carotid arteries, under the pretext of having the patient the trouble of taking his arm from under the bed (Cutter Denton).

3. Organs of Respiration
Phthisis. Hemoptysis.

Phthisis, has been occasionally successfully treated by soldiers, who have been beset with para...
their discharge.

Dr. Cheyne gives a graphic description of some of the tricks employed by simulators: They often pretend to be fit for blood, or blistered for a pain in their chest, lay for some medicine to relieve their cough, apply for a cough, in short, as well do they act their part, that unless the surgeon is very circumspect, he will discover the deception late, that he has been made a dupe of.

By means of percussion, auscultation, and the microscope, feigned cases may readily be detected. "The sputum, for examination, should be taken from the patient, immediately after exciting it, so as to prevent any chance of him changing it for that of another, who is really labouring under tubercle. The characteristic, irregular, ill-developed cells of tubercle, will be seen without much difficulty, with a power of two hundred and fifty degrees linear, homoptysis.

The means usually resorted to for producing a discharge of blood, or a discharge of fluid resembling blood, are, prickling the cheeks or gums with a pin, taking the blood
of some animal, into the mouth, and after
spitting it out; and retaining a small ball
beneath the tongue. There is one
or two cases recorded, where more severe
measures were tried, to effect the object
such as swallowing coats with force
through it, but these generally
proved fatal.

For the detection of suspected cases,
particular attention should be paid to the
mouth and jaws, for the purpose of seeing
if any abrasion of tongue exists, and to
see if any substance is present which may
give the saliva a bloody appearance.

After which, the spitting coat should be
examined. Blood from the lungs is gener-
ally fluid and coagulated in smaller or
larger portions. The microscope will
be a means for the easy detection of colo-
ring substances.

II. Digestive Apparatus.


Pain. Phlegm. Diarrhoea. Dysentery

Berna. Jaundice. Hepatizes

Dyspepsia

May be easily simulated by those who have
the power of voluntarily rejecting the contents of the stomach.

Geoffroy has recorded several cases of patients, who regularly rejected their food, yet have increased in weight.

If there are no symptoms present, indicative of organic disease, besides regulation of food, it would not be advisable to recommend a means for deflating.

**Vomiting.**

Some persons have the power of voluntarily expelling the contents of their stomach by using the diaphragm and bringing the abdominal muscles forcibly into action. This faculty is generally received from nature. Others by means of prepare in the preceding or others by swallowing air V eructating.

There is considerable difficulty experienced in forming a correct opinion in such cases, but malingerers will, in general, gain in on the use of some remedies proposed by the medical attendant, which will cause severe pain.

Dr. Chenu gives an account of two cases, which came under his notice, and he states that in neither of these did he form a
connect diagnosis, for he observes, they seem to
the twofold danger we incur, of being
deceived by the guilty, and of unjustly
suspecting the innocent. The subject
of one, was a sergeant, who had borne
an excellent character, and who was
admitted into hospital for complaint
in his stomach, under which, he had
suffered for two or three years. He had
the appearance of ill health, his aspect
being pale and delicate. He was eventually
discharged, and in about a fortnight
afterwards, was met by de Clery in the
vicinity of health. It was thought that
he had produced a delicacy of appearance
by swallowing small quantities of tobacco
juice, or by introducing it into his
mouth.

The other was a recruit,
and he was suspected of malingering. He
was admitted on account of a complaint
similar to that of the sergeant, he was
not evacuatoed, but his skin appeared
dry and apace, and his pulse was slow.
Altus considered a malingener, he
was not treated with any severity. He died,
his body was examined; when his stomach
was found diseased, the mucous membrane
being everywhere puricose and pulpy.

Hematemesis.

The most common means, used for inciting this disease, are the swallowing of animal blood, or liquids the colour of blood, and afterwards disgorging them in such quantities, as suits the convenience of the pretender.

Marshall relates the case of a man who procured blood, which he swallowed a short time before the morning visit. It generally had the effect of producing vomiting. The man, after getting his discharge, informed his commandant of the plan he had adopted for procuring it.

The impostor may generally be detected by paying attention to his habits, noting the presence or absence of fever, the effect it is producing on his general health, and by means of the microscope.

Pain.

Pain in any organ of the body is generally accompanied by certain symptoms. But in some cases, the greatest care, on the part of the medical attendant, is not sufficient to detect an imposture.
and the pretender will succeed in leading
a temporary duty. The following is a
case in point: A soldier was brought
to his regimental hospital during the
afternoon, complaining of severe pain
in the abdomen. He screamed, when the
slightest pressure was made on that part
of the body. He was freely bled, and shortly
after, an anodyne draught was administered.

There being some suspicion of the truth
of this man's statement, he was visited
about midnight by the medical officer,
under whose care he was, who found him
sound asleep. Pressure was applied to
the abdomen, and after some considerable
pressing he awoke; still, however, he
persisted, in pretending that he could
not bear the application of the hand
to the lower belly. "Suckers of this
kind are sometimes attempted to elude
an inspection of necessaries, or the
performance of some particular duty
which the soldiers dislike."

Physiciana

The origin of this disease has sometimes
been attended with success.

The methods recorded as being most
frequently used by soldiers, for producing an enlarged state of the abdomen, are, the swallowing of air, elevating the spine, and taking internally caltch and vinegar. Good illustrations are afforded of the first two methods by the following examples

I. A French conscript managed to obtain an unqualified exemption from military duty by distending his abdomen with air which he swallowed, the having acquired that faculty during childhood.

II. A man in the garrison at Dublin during the summer 1825 became affected with a remarkable enlargement of the abdomen. The character of the man was excellent, and not the slightest suspicion was entertained in regard to his assumed disability. His commanding officer being interested in his case, requested an eminent civil medical practitioner to visit him in the neurological hospital, along with the surgeon of the corps, in the hopes that he might suggest some efficient means of recovery. He did so; I recommended a large issue to be made over the long to measure, which was productive of
no advantage. Recovery being dispelled of, he was transferred to the general hospital, as a preliminary step to his being discharged. On his admission the surgeon who had the charge of him was struck with the discrepancy which existed between the healthy appearance of the countenance, and the condition of the abdomen, as inferred from its size. Suspicion led to inquiry, and eventually it was discovered, that the impostor occasioned the appearance of Phthisia, by elevating his spine at the loris, which placed in his behalf for examination.

Finding that the artifice was detected, he very weekly allowed his abdomen to subside, under the use of some cathartic medicines, and in little more than a week, he was sent back to his corps, perfectly well.

Marshall recommends examining a suspicious case, during sleep, as the best means for detecting imposition. Diarrhoea and Dysentery are frequently induced in military hospitals, where individuals have found, they could not obtain the object of their desires.
and for this purpose, suppositories of soap, or of more acrie matters have been introduced into the rectum; and in some cases blood has been artificially mixed with the stools. Mr. Hutchinson states that they (Dysentery and Dysehy) have been artificially procured among seamen by the employment of vinegar & burnt coke, the physiological action of which is unknown, but it miraculously produces the desired effect.

"An extraordinary system of deception was detected among the sick, at a hospital station in Portugal. It seems, on this occasion, that certain articles alluded to the dysenteric patients were coveted by men who had other complaints. To obtain the object of their desire, it was necessary to join the same disorder; but to satisfy the medical attendant that they were ill with dysentery, certain appearances in the aforesaid evacuations were necessary. These were produced in the simplest way possible, by purchasing, with part of their confuts, the commodity in question, from those who really had the disease."

"The best means for detecting a suspect.
Case is to confine the patient in an apartment alone, debaring him from access to the means for carrying on the imposition, and compelling him to use a clove stock, so as to be satisfied as to the nature of his evacuations.

"The recommendation of the circular from the army medical department 22 January 1836 will, if known generally, abate their prosecution, as it is there advised to accommodate the patients in hospital, until the disease terminates by recovery or death."

Hernia.

Some individuals possess a voluntary power over their cremaster muscles, so as to be able at pleasure to alter the natural relations of the testicles, and make it resemble a hernia, by drawing it up towards, or within the external abdominal ring. Others have been known to replete the scrotum with air. But such impositions, can never by any chance, elude the observation of a surgeon, whose attention has been in any way directed to the subject.
Jaundice.

The clay-coloured stools, a high-coloured urine may be produced by taking internally small quantities of Rhamnus, and anluric acid. But the admixture remain of their natural colour; the skin which is generally coloured by a practiced hand, may, in most cases, be restored to its natural state, by means of a little tartar and water.

The absence of nausea, loss of appetite and pain, together with the natural appearance of the tongue conjunctive, will generally be sufficient to put the practitioner on his guard.

Hepatites.

Chronic disease of the liver is not characterized by definite symptoms, so that the detection of its malingerer is not easy.

A medical officer cannot be too much care, in ascertaining the real state of a suspected case, and until he has completely made up his mind, he should employ very simple remedies.

Men who have been long in the East or Tartar Indies can generally enumerate the symptoms of hepatites with great
accuracy, some through having suffered from it themselves, others from having heard them described by their companions.

Marshall relates the following, which I consider a very good example, of a pressed case. A recruit having become tired of military life, wished to obtain his discharge, and in furtherance of that end, pretended that he had a severe pain in his left side, at the same time stating that he had "liver". Seemingly to believe that this disease, was of a grave nature, the recruit was confined to bed, and accommodated in a ward by himself, lest his sleep might be disturbed by his companions. He was kept on a very reduced diet, and a solution of Tartrate of Antimony alternately with Mixture Arabalica, regularly exhibited. Under this discipline, he held out for a month, and then rapidly recovered. Sometime after, he confessed the fraud, and became if it had not been for his stupidity in locating the pain in his left side, the imposture would never have been discovered.

Dr. Cheyne remarks, that we ought never to put a smolinger or under a course of
mercury, as by the requisite stay in the hospital, he will not only be enabled to mature his plans of villainy, but his constitution will be thereby improved, 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.

Urinary and Generative organs.

Incontinence of urine. Deafness

Incontinence of Urine.

The treatment of this disease, has been of frequent occurrence among soldiers. But the various means, which can be carried out by a medical officer, for the detection of feigned cases, have prevented that success which would otherwise have attended them.

Heders, by discharging two feigned cases of this Pock disease, had for a time the complaint epidemic in his hospital at Martigny as the remedies he employed in the remaining
cases, were not in any one instance attended with the usual result. His suspicions were excited, so he ordered the penis of each patient to be tied, and a seal to be placed upon the knot, which more but the gendarmerie in attendance should lose when required by the patient for the purpose of urinating. The gendarmerie was ordered to visit them from time to time, to see whether the penis was inflated, or whether the urine was coming away gurgitation. He did this, from herein observing that in the usual disease, the penis became enlarged, so as to render it necessary to remove the ligature in a very short time. Sir George Bellingselle recommends as the most humane, and at the same time, the most efficient means of checking an artificial complaint of this kind, is the practice followed in the Austrian army of furnishing a patient complaining of discharges with a urinal to compelling him to do duty.

Calculi.

There are very few cases recorded of the severity of this disease, and should it be attempted, from the advanced state of surgery, physiology and chemistry, the most artificial
Deception could scarcely deceive a practitioner, who has paid an ordinary amount of attention to the real disease. Among recorded cases, I consider one related by Marshall, to be the best example. "A private in the 2nd regiment complained of pain and uneasiness in the region of the kidneys, and made a point of showing his urine with fabulous concoctions in it. After a considerable time had elapsed, it was discovered, that the dense particles found in his urine, were obtained from a stone in the case at the head of his bed; his comrades having found him at work rasping the stone in the middle of the night, led to his detection.

Organs of Sense
Amaurosis. Myopia. Strabismus.
Cataract. Disease of the Palpebrae.

Deafness.
A knowledge of the difficult experiences by medical men, in the detection of real from feigned deafness, has not unfrequently led soldiers to the choice of this.
form of disease; for the purpose of obtaining their desired ends.

Among recorded successful cases, the means employed for their detection have been various, such as carrying on long conversations with the suspected individual, the interrogation at the same time gradually lowering his voice; noticing the effect produced on a patient, when a piece of money (as if by accident) is let fall; low diet; severe but not rigorous medical treatment &c; if none of these means should be successful, close solitary confinement with low diet, for a length of time, will generally be sufficient to discover the imposture.

Dumbness.

Has been occasionally simulated; but it generally happens that the impostor seems deafness at the same time. And as the means employed for the detection of one, are suitable for the other, I shall treat on the combination; deaf-dumbness.

A real and dumb man generally requires certain gestures and expressions, which a simulator cannot assume. The means for detecting such pretended infirmity, must
Depend on the circumstances peculiar to each individual case: Marshall states that the detection at this not difficult, yet it may be hard to make the simulator give in. But if a person has acquired the habit of speech, and can move his tongue, he is certainly an impostor, should he pretend to be clumb. Some have however played their part as well as for a long time to escape detection, the following is a good instance of this. A trooper of the name of McKean, who belonged to the 7th Dragon Guards, when it was quartered at Remshill barracks, affected one morning to be both deaf and clumb. So such disability had existed the previous evening. Many means were attempted to excite him to indicate that he possessed the sense of hearing, but without success. Firing a pistol close to his ear produced no effect. After keeping him a long time in the regimental hospital, he was sent to the Edinburgh infirmary, and was discharged from it as incurable. No noise, however sudden, or artfully employed, succeeded in appearing to move his attention. Every one, eventually thought the open air affect heal, and
his situation excited the pity and commiseration of the officers of the corps. At the end of about a year, he was recommended to be discharged, and left Dundalk, where the regiment was quartered, on his way to Dublin, to pay the invaliding board for a pension. During the first days March, he got intoxicated, and at the same time recovered the use of his tongue. His escort brought him back to the regiment next day, but before he arrived his deaf-dumbness had returned. He was tried by a court-martial, and sentenced to receive eight hundred lashes; but as he held out it was deemed advisable to send him to the general hospital at Dublin, that he might be inspected by the medical officers of that establishment, before the sentence of the court-martial should be carried into effect. Here various attempts were made to induce him to give in, and away the means used for that purpose, he was informed, that if he returned to duty, the sentence of corporal punishment would be remitted. A promise which produced no immediate consequences. Upon admission into the hospital, he was for some time
accommodated in a ward in company with several other patients, but afterwards confined in a solitary cell, with no other subsistence than a small allowance of bread and water. The orderly who attended his room, was instructed to give him his daily fare, and to clean the cell daily, but on no account to speak to him. In this manner things went on for nearly three months, when one morning the pretended deafmute accosted the orderly with "Good morning to you, James." James was completely astounded for some time. He soon, however, so far regained his self-possession as to secure the door, and to make all haste to inform the steward of the hospital of what had taken place. When McKern was interrogated as to how he had recovered the faculties of hearing and speaking, he stated that he had a dream and that when he awoke, the long lost functions had returned. He returned to his duty and conducted himself with great correctness for a considerable time, but eventually deserted, taking with him, his arms, accoutrements, &c.

Opthalmia may be artificially produced by the application of acid substances to the eye, such as,
Intricate of lace, nitrate of silver, sulphate of copper, copperas, vitriol, saltpetre, alum, lime, tobacco leaves.

Convulsive sublimate appears to have gained at one time considerable celebrity, and to extensive use; for carrying out of this species of deception. Sir T. Ballingall states that out of three hundred men who were attested with ophthalmia; after they were removed (inseparably) into a fresh ward and means taken to prevent any supply of fresh material; two hundred and fifty of the number very quickly recovered.

Marshall relates two cases of the detection of individuals: one, by discovering a packet of lime and common salt in the head of the stimulator, and the other, by finding him in the act of applying sulphate of copper.

"Amongst the more prominent of the circumstances leading to a suspicion of the factitious nature of the disease, is the suddenness of its invasion, and the multiplicity of its progress; its confinement almost exclusively to the privates and non-commissioned officers of a regiment, without affecting the officers, wemen, or children; the circumstances of its being very frequently confined to one eye, and that almost always the right." "The most efficient
means for preventing attempts to injure the eye by the application of noxious substances, are the exclusion of the suspected individual; the employment of blind cuffs, or the use of tin masks for the face, so contrived as to prevent the patient's access to his eye.

Amaurosis.

That species of blindness which results from amaurosis is characterized by a fixed and dilated pupil, with the iris hanging in loose folds as if floating in a fluid.

"In genuine amaurosis, the patient advances towards an object with an air of uncertainty, in his movements. And instead of converging his eyes in the natural way towards an object, it is evident that there is something vacant and numeering in his look. The former symptom never fails to be present. A fact peculiarly valuable, in cases, where we have reason to suspect delirium on the part of the patient. The pupil of a completely amaurosected eye, will often move briskly, according to the degree of light, acting on the opposite or sound eye, while, if we expose the amaurosected eye by itself, its pupil remains perfectly motionless, and much dilated."
contractile state of the pupil is not altogether gone, although the sight be completely lost. If the patient, under such circumstances, be suspected, he should be carefully watched to see that he does not avoid obstacles placed in his way. If this plan be carried out, it will generally be found successful in the detection of the defect Myopia.

A simulation of this defect can, with a little perseverance, be accustomed himself to the use of glasses, suitable for the real complaint (cuneus spectacles), that this, which otherwise would have been one of the best and most sure methods of discovering a cheat, is rendered valueless.

There are several cases recorded, of the success which has attended those who have accustomed themselves to the use of glasses. One a schoolmaster, who, in expectation of being some day drawn for the army, practiced the reading with all kinds of glasses, so that when he was drawn, obtained his exemption without difficulty. Another, a surgeon in Edinburgh, who was naturally short sighted but not sufficiently so to exempt him from military duty, he avoided the
constriction: moreover, by habituating himself to read with a book close to his nose.

"When any doubt is entertained regarding the existence of this defect, the most advisable measure is to follow the example of the Israel government, and place the individual in situations where long vision is less necessary.

"Squinting is sometimes simulated, even from the custom of practise being often a habit is produced, and the defect becomes permanent.

This affection should rarely cause a recruit to be considered unfit for service. It does not incapacitate for the practice of trades, in which the faculty of vision is particularly required, as watchmaker's etc."

Cataracts.

Has been artificially excited, by the introduction of a needle through the corneal, thereby creating the lens. But as this process requires skill and a certain amount of anatomical knowledge, it is of rare occurrence. Should suspicion be excited, when cataract occurs, as to its cause, the operation for extraction of the lens should be performed, so as to frustrate the deceivers plans.

Disease of the Palpebrae.
May be induced by pulling out the eye-lashes, and applying irritating substances, such as sulphate of copper, nitrate of silver, continued to the eye. The counterfeited disease, is, for the most part, confined to one eye, 

that the right, while in the neck, Dr.往下未完。
rewarded with that pension which is only due to need suffering and services.

Numerous methods have been proposed and carried out by different writers, for the detection of suspected cases, such as applying light bandages, so as to suspend the action of the muscles; giving narcotics, producing profound sleep, by means of opium, examining the limb during its effect, electricity etc. But now that we have got so valuable an anaesthetic as Chloroform, it will only be necessary to put the patient under its influence, and satisfy ourselves as to the real state of the part affected.

As this treatment will do equally well in all cases of contracted joints, there will be no need for me treating on each one separately.

Uleers.

The agents commonly employed for producing ulcers are, corrosives or irritants, such as, the application of blisters, quicklime, bruised garlic and vinegar, onion, thistle, piece of euphorbium and the mineral acids. Mechanical means are also used for this purpose, particularly removing a portion of the cuticle, and applying some foreign body which causes the degree of inflammation action required.
"Of all the substances resorted to for the formation or aggravation of ulcers, the use of acids is by far the most difficult to detect; for the impression is often so slight, that he removes the supporting dressings during a certain period, and occasion the acid to act upon the parts in dressings of his own, substituted in their stead. After the desired effect is produced, the ulcer is well washed, and the former dressings and bandages reapplied, with care and cunning, which renders a discovery very difficult."

Sir George Ballingall mentions as the best method of treating suspected cases: the enclosing of the leg in an apparatus, such as was used by Mr. Hutchinson; which is a strong oak box, made in the shape of a boot, to come up about 4 or 5 inches above the knee; the short thick part of the boot forming with the leg an obtuse angle, so that the muscles of the diseased leg might be preserved in a relaxed state. The upper part of the boot is closed by a square piece of the same strong wood, with a circular hole cut in it, to suit the circumference of the thigh, lined with felt or leather, to prevent the cut edge of the wood going pain to the wearer.
Fractures.

Soldiers and recruits sometimes affect impaired health or disability in consequence of some old fracture. In such cases, Marshall says as there is frequently no evidence of fractures having occurred, but the means upon testimony, it is the medical attendant to judge how far he can trust to such evidence. Others, who really suffer from fracture, try by all the means they have in their power, to retard the process of healing, and in some cases, with such success as to cause a false joint to be formed. In such instances, the subject should be brought before a Court-martial in order to save the professional character of the medical attendant.

Maiming

"Voluntary maiming has been practiced to a considerable extent. During the four years previous to 1829, twenty-one soldiers were pensioned in reliance for life in consequence of having been voluntarily disabled by the explosion of their own muskets." It is scarcely credible to what extremities soldiers will resort for what Happening, they will voluntary induce for the purpose.
of gaining liberty. The following is a remarkable case in point. A soldier discharged
the contents of his musket through his wrist, hoping by this means to obtain his discharge, and lie sent home from a distant station, on which he had served. It was found necessary to amputate the hand, which was no sooner done, than he held out the other saying that if he got a glass of grog, it might be taken off also.

It is necessary before the surgeon can give an opinion as regards the means by which a disability has been occasioned, that he make a careful examination of the wound, which, together with collateral circumstances, will frequently lead him to a satisfactory conclusion. Very few individuals who constitute themselves consider beforehand in what manner they are to answer the questions, how, when, and where did the accident occur? and to explain all the necessary circumstances. The following case will serve to illustrate the principles set down. A man belonging to the 7th Dragon guards vociferated and lay in the stable that his horse had bitten off his left
...while he was feeding him, and certainly the mutilated portion of the lance was found in the wench. He had however completely forgot to clean his sword before giving the alarm, for upon examination, traces of recently shed blood were found on it. In some instances, however, instances however, it is not easy to convict a man who recounts himself, even in cases where there can be little doubt that he inflicted the injury voluntarily or was aiding another on the occasion (Marshall).

Lameness

...is frequently feared by recruits who wish to be rejected; it is also occasionally simulated by men who have been some time in the army. The lameness is commonly ascribed to a fall or bruise, real or pretended. Some individuals will persist for years in complaining of partial loss of power, and consequent lameness of one or the other extremities, and depict their total inability to perform any duty. In doubtful cases, the medical officer should consider whether the cause to which the lameness is ascribed, could
occasion genuine disease; and whether the assumed disability is a consequence of the alleged cause. By a careful investigation of these points, he will probably arrive at as definite a conclusion, as the nature of the subject will warrant.

Marshall recommends, for the purpose of detecting a suspected case, that the patient should be carefully watched and for this, he should be accommodated in a ward, either by himself, or along with other men, where he may be observed; without being aware that he is under surveillance. Where it is presumed that the disability is purely feigned, active exercise may be prescribed, and the accommodation rigidly enforced. A remedial measure of six or eight hours exposure direct daily is what few simulacrons of lamiens can long endure.

Adema

"It occasionally occurs that arms and legs in this state, are presented to the notice of the surgeon, in both the Army and Navy. This swelling is produced by the tight application of a ligature round the limb, at a point higher than is deemed necessary to expose to the view of the surgeon. Detection in such
cases is very obvious; and perhaps, the most complete method is, to visit the patient some time earlier than usual, when the ligature may actually be found applied, and to operate as it is generally adjusted for some time before the customary visit of the medical officer.

When detection has taken place in this way, the patient has, with great ingenuity alleged, that the ligature was applied for the purpose of allaying pain. The following case by the same author (Hutchinson) illustrates another mode of deceit which is practised for producing the same effect. A surgeon had seen the marks of a ligature round the arm several times; yet the limb continued to swell afterwards without its use, for there was no mark when at length it was discovered, that the swelling was produced by the patient hanging his arm over the back of a chair, and making considerable pressure on the axillary vessels for some time previous to the usual visit.

Curvature.

To give an account of the means employed in former years, in order to detect the lamentation of this disease, would now be superfluous: since the introduction of chloroform into medicine...
It is a brief view of the various diseases most frequently asperced by soldiers, for the accomplishment of designs already noticed. On reviewing the various means employed for the production of these frauds, and the numerous instances in which they have proved successful, the detection and exposure of malpractices appear to be one of the most important and difficult duties which the Medical officer has to perform, requiring an intimate knowledge of the physiology and pathology of the human body and of the characteristic symptoms of disease. It ought, therefore, to be borne in mind, by all those who enter the services as medical officers, that they cannot expect to perform their duty in this department with credit to themselves or advantage to the public, unless they are possessed of that knowledge of disease, which will place them far beyond the influence which such practices might otherwise exert over their plan of treatment.

In conclusion I will give the following
rules, recommended by Dr. Chyrs as they seem calculated to devest the unpleasant duty of all harshness and unnecessary responsibility.

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 statements, not merely with patience, but without evincing the slightest distrust. In short, his manner must be the same to a soldier laboring under strong suspicion of fraud, as it would be to the best man in the regiment.

If the case is evidently feigned, he ought to take the malingerer aside, mildly expostulate with him in his folly, or if necessary, threaten to report him to the commanding officer, if he should persist in his conduct, 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.

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

But if the grounds of his suspicions 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.

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, impose coercive or physical measures, nor even irritating applications, nauseating medicines, nor spare diet, unless such would be proper, were the disease real.

When, after the calmest inquiry, he is convinced that the complaint is unfounded, or the disease fabricated, and shall have reported accurately to the commanding officer, the case is no longer in his hands. He ought not to prescribe for the invalid, but ought to put him in going through the wards. Reflect well often bring him to resume his duty. The commanding officer, if he be a judicious man, and reposes confidence in the surgeon, will take
the advice of the latter, relative to the treatment of the malingerer, and will authorize any measures which medical experience may suggest. Retract or punishment in hospital, under the direction of the command officer, may in some cases, be useful.

If the malingerer should still persevere in a course of imposture, 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 drag; if unfavourably, he must then abide the sentence of a court martial.