give about a fourth of an inspiration of fresh air, and do not keep the face-piece quite close to the face till the twitchings have nearly ceased. I have never seen any harm result from the condition which causes these movements. If air were not given, they would increase, and then stop; the respiration would become intermittent, and, some time after this, the heart would cease to beat. The fact that death may be produced, if signs of danger are disregarded, applies to all anaesthetics. Whenever the breathing becomes jerking, sobbing, or intermittent, the face-piece should be removed, but applied directly the breathing loses that character, unless the pulse is much depressed. It is much less important to watch the pulse whilst giving gas and ether than in giving chloroform, but it is desirable; for, when it decidedly loses power, we may safely admit a little fresh air, and thus anticipate the need of removing the face-piece to a greater extent on account of muscular twitching or stertor. If the finger be taken from the pulse to do something else, I would give a little air, unless the patient had only just begun to inhale, or was evidently but slightly under the anaesthetic.

Practical Suggestions.—As the apparatus would be injured by an excited patient taking hold of it, it is as well to be on our guard by having an assistant near, in case of need. It is a good plan to place a handkerchief over a patient's eyes, and keep it there till he is asleep, and apply it again when he is about to awake. In operations on the rectum, it is desirable that the bandage required for keeping him on his side should be applied before giving the gas. Sudden distension and bursting of the gas-bag or gas-tube can scarcely happen when the gas-rarefier is used; but if this be not used, or if the gas-bottle have become frozen, it is desirable to warm the bottle, and in doing so the tap end should be more warmed than the other. Whenever there is much difficulty in getting the face-piece adjusted, it may be necessary to arrange a handkerchief or towel, so that the air drawn in under the face-piece may be nearly the same as that which was breathed out.

In conclusion, the *advantages of the Apparatus* are these:—1. It lessens the waste of ether, and consequently the odour of ether about the house. 2. The patient usually goes to sleep without any struggling, and is ready to be operated on in from one to two minutes. 3. The percentage of ether need not be so high as to produce coughing or swallowing, and it can be made stronger or weaker, as we wish, by merely turning a regulator. Lastly, patients recover rapidly, with less delirious excitement and less sickness, than if ether be given in the usual way.

CASE OF FICTITIOUS DUMBNESS.

BY STAFF-SURGEON ROBERT NELSON, R.N.,
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THE following case may be of interest to naval and military medical officers, as illustrating a somewhat uncommon form of feigned disease, and the failure of a generally supposed detective.

F. T., aged 17, a boy on board of a royal naval training ship, who had previously a better position, and consequently found his newly adopted profession somewhat irksome, was sent to me in the sick berth one morning at 8 o'clock, and made signs that he was unable to speak. He appeared pale, nervous, and semi-hysterical; but no other objective symptoms of disease were detected. By gesture and writing, he complained that when mustered for drill, he had been suddenly struck dumb, and that he had great pain in the left side of his head, extending from the eye towards the occiput, and also some uneasiness about the throat. Deafness was not simulated. I had no acquaintance with the boy's history, nor with the existence of any motive for fraud; but from his anomalous symptoms, suspicion was at once aroused, although the acting was very perfect. After some sympathy with his condition had been expressed, he was placed under the influence of chloroform; and, although it was pushed almost to a degree of narcotism, I was somewhat surprised to find not the slightest sound uttered by him—a circumstance which I do not remember having previously met with in a patient under chloroform. Confessing myself somewhat disconcerted at the result, I had the patient placed in bed, and a strict watch kept over him, where he lay for twelve hours without touching either food or drink, moaning and pointing to his head, which, at the visits, he tossed on the pillow as if in great agony. At 8 P.M. I visited him, in company with another medical officer; and, as we both felt convinced of his shamming, I suddenly turned down the bedclothes, and gave him such a pinch on the upper and inner side of the thigh—a very safe but sensitive portion of the anatomy, by the way—as made him shriek for mercy. He was discharged from the sick berth, a very sulky prisoner; but next morning, under the influence of a sound flogging, he

made a complete recovery, the vocal organs acting as usual under the circumstances.

REMARKS.—That medical officers should never adopt harsh or arbitrary measures in doubtful cases of alleged disease, nor, indeed, apply any means which is inapplicable to a genuine case, is the *dictum* of all writers on malingering; but there are occasional exceptions which, if they do not prove, at least do not invalidate, the rule, and although no doubt whatever may exist in the medical officer's mind, yet a commanding officer or president of a court martial may require something more tangible than a mere opinion before he will convict a prisoner of malingering. We ought never to forget the risk run in attempting such demonstrations; and in dealing with a more experienced vagabond, such treatment is undoubtedly hazardous—the experience of many medical officers being that *le jeu ne vaut pas la chandelle*.

Feigned diseases now form a very small class of cases in Her Majesty's Navy compared with what we read of as having existed in former days. Skulkers, no doubt, exist in every ship; but systematic simulation of disease is remarkably rare, partly owing to our improved knowledge of diagnosis, but chiefly to the fact that the Admiralty now train their own boys, by which means they not only insure a better class of seamen, but also men with more *esprit de corps* than formerly.

EXTRACTION OF FOREIGN BODIES FROM THE EAR.

By H. A. ALFORD NICHOLLS, M.D., M.R.C.S., Dominica,
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IN the BRITISH MEDICAL JOURNAL of March 18th, there is an article, by Mr. Rivington, on the extraction of foreign bodies from the ear, in which he impresses upon surgeons the usefulness of employing a stream of water in the removal of foreign bodies; and he points out the injuries that may be caused by the unskilful use of instruments in such cases.

Had Mr. Rivington contented himself with dilating upon these facts, he would have done good; but the case is far different when he advises that most useful instruments should be banished from the surgical *armamentarium*, and that, in all instances, the foreign body should be allowed to remain in the ear until syringing effects its removal.

Mr. Rivington says that a small pair of curved forceps may be employed. Surely as great an injury can be caused by these forceps as by a blunt eye. In unskilful hands, the forceps may lacerate the lining membrane of the canal; but, without using great force, it would be difficult to do so with the blunt instrument.

It is within the knowledge of all surgeons that syringing is efficacious in removing many foreign bodies from the ear; but, unfortunately, there are cases, such as the one detailed below, in which syringing will prove of no avail. There are also many instances in which delay may be advantageous, but the converse of this proposition holds equally good.

I have known cases in which a pea, left in the ear, has become swollen, and consequently firmly wedged in the auditory canal. Mr. Rivington would not expect to remove such a body by simple syringing. The imbibition of moisture by the vegetable cells would cause the obstruction, if anything, to increase; and by no means would it be good surgery to wait until the body becomes loosened by the decomposition of its substance. If then, in such a case, we are to discard the useful extracting instruments, because, in the hands of a bungler, they are capable of doing harm, and we find that syringing avail naught, we should be indeed upon the horns of a dilemma. And it would not be very gratifying to us, nor in any way tend to increase our professional reputation, if the patient be taken to another surgeon who, with an extracting instrument, easily removes the obstruction.

Before attempting to extract a foreign body, a surgeon should examine the ear carefully by means of direct light, and, if that fail, the ear speculum should be employed—Brunton's speculum is, I think, the best form made. Then, if nothing foreign be discovered in the ear, no surgeon in his proper senses would think of poking at the malleus.

It is expected, of course, that, in the use of all instruments, there shall be no bungling on the part of the operator, and no injury caused by unskilful manipulation. If proper care be employed, there is no more danger of injuring the ear with an extracting instrument than there is of making a false passage with a catheter. It is true that both these accidents have occurred; and, it may be said, that it is equally true that such accidents will occur again; but these facts do not justify surgeons in discarding instruments for the extraction of foreign bodies from the ear, any more than they justify surgeons in discarding catheters.