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 anæsthetics. 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 anæsthetic.

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.,
Royal Naval Hospital, Plymouth.

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,
West Indies.

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.

The following case, which is interesting in more than one particular, will show of what use an extracting instrument may be.

A coloured woman, twenty-two years of age, came to me, and desired me to take out from her ear a cockroach which, she said, had crawled into it during the night. This request seemed to me so strange that I was at first incredulous; but, upon examining her ear, I found that what she had stated was literally true; for, some distance up the auditory canal, was the greater portion of a medium sized cockroach. Seeing that this was a case for the use of instruments, I endeavoured to extract the body with a pair of forceps, but it was so firmly impacted that I did not succeed. I then used an earscoop—which is but a modification of the loop of wire—and, after some little difficulty, I removed *en masse* the head, thorax, wings, and the two anterior pairs of legs of a cockroach. I was at first much surprised at the size of the body; but, upon questioning the woman, I found that, in attempting to remove the insect, she had broken away the soft parts and pushed the hard chitinous mass, which I extracted, far into the canal.

Now, in this case, there can be no doubt that the instrument was of signal service; in fact, without it I doubt whether the foreign body could have been extracted at all. All the syringing in the world could not have shifted the mass in the slightest degree, and delay would have been highly dangerous, in consequence of the inflammation which the irritating body would have excited. In a similar case, therefore, the proper course is to try to extract with forceps, and, if they fail, then recourse must be had to the earscoop or some other extracting instrument.

After the perusal of this case, and upon reflection, I think that even Mr. Rivington must confess that, perhaps, he was a little too hasty when he wrote in such disparaging terms of so useful a little instrument as an earscoop. To Mr. Rivington's four excellent rules, which he advises to be observed in the treatment of all cases of foreign substances in the ears, I would add a fifth, viz.: If the foreign body do not fall out, after syringing has been fairly tried, and if delay in its extraction be likely to prove dangerous, do not fail to effect its removal by means of one of the instruments made for that purpose.

BICARBONATE OF SODA IN SUPPRESSION OF URINE.

By W. LEMON LANE, M.B., Dunfermline.

THE success of this medicine in suppression of urine due to renal disease is so great, that I think a few cases illustrating the good result following its administration well worth being recorded. I have used it in a great many cases of renal disease with success. I am, therefore, very pleased to find Dr. Dickinson speak favourably of it in his able lectures on albuminuria. "But it is worth mention", he says, "in relation to a rapidly fatal form of nephritis, in which the tubes become widely sealed up as if with molten glass by a pseudo-croupous exudation of fibrin, while the urine is loaded, not only microscopically but as a bulky precipitate, with large fibrinous cylinders, that all plugging from this cause can be prevented by alkalis."

CASE I. The first case in which I used bicarbonate of soda was one of acute nephritis, which I attended three years ago. W. M., aged 30, a healthy strong man of good family history, got wet while working. When I saw him, he was very feverish (his temperature was not taken), his face and extremities were cedematous; he complained of a sore back, and a constant desire to micturate; he passed very little urine, not exceeding a small cupful in the twenty-four hours; heat and nitric acid produced a large deposit of albumen. When the urinary sediment was examined microscopically, renal epithelium, tube-casts, and blood-corpuscles were seen. Treatment consisted of a warm bath every night, along with a diaphoretic medicine and half a teaspoonful of bicarbonate of soda three times a day; his diet consisting principally of milk and a plentiful supply of cold water. I will not give in detail the progress he made daily; it will be sufficient to say that, in five days from the time I first saw him, he had made great progress towards recovery. His urinary flow was normal in quantity, quite clear, and without any trace of albumen, and, I may say, it was alkaline in reaction, whereas, at the beginning of his trouble, it was acid. This patient is now quite well and strong.

CASE II. A man, aged 23, had suffered for the last three years from profuse suppuration, due to caries of the sacrum. His body had lately become considerably cedematous, while his urine had lessened greatly in quantity. I saw him on June 1st, when I found his urine highly albuminous, acid in reaction, and not exceeding six to eight ounces in the twenty-four hours. He was ordered to keep poultices to his loins, and to take a

diaphoretic powder, consisting of antimony and Dover's powder, every night; and to have milk and water *ad libitum*. Notwithstanding this treatment, his symptoms became aggravated, and a complication, cedema of the lungs, having set in, made his case a very serious one. I now (on the 6th) ordered half a teaspoonful of bicarbonate of soda thrice daily. The result following the employment of the soda was very satisfactory. On the 9th, his urine had increased very greatly in quantity, was alkaline, and free of albumen. His body is still cedematous, but not half so bad as it was on the 6th.

CASE III. This was a case of anasarca after scarlatina in a child three years old. His urine was highly albuminous, bloody and scanty. He complained constantly of a sore back, and had great nausea. The temperature was 103 degrees, and he had general anasarca. He took one-fourth of a teaspoonful of bicarbonate of soda three times daily, and was bathed every night. In exactly a week, he was quite well, although very feeble and anæmic.

These cases show how effectually we may employ the soda treatment in renal disease. In all these cases, especially the second, the patients were brought out of a very dangerous condition rapidly and most satisfactorily. In the first and third cases, the cure is complete; the second, although doomed to succumb to his intractable disease—caries of the sacrum and waxy kidney—owes his life to the soda treatment. It is useless for me to state that I have found nothing so useful in suppression of urine due to renal disease, as the remedy I have just mentioned.

CLINICAL MEMORANDA.

ON A CASE OF POISONING BY WHITE PRECIPITATE.

THE JOURNAL for June 24th contains a report of three cases of accidental poisoning by precipitate powder, which occurred in the practice of my friend Dr. Stephens of Ilminster. Having yesterday (July 3rd) been sent for to a very similar case, I have thought that it might be well to direct attention to the frequency of this accident, and to the desirability of including the hydrargyrum ammoniatum in the list of "Poisons and their Antidotes", published in Letts's *Medical Diary*, Meadows's *Prescriber's Companion*, and similar works. The patient was a strong young woman, deaf and dumb, and unable to read. Her mother, a very stupid old woman, had asked at the druggist's, according to her own account, for a penny seidlitz powder, and was asked by the assistant who served her whether she wanted it *white* or *red*. The daughter swallowed the whole pennyworth (half a drachm to two scruples); and it was only when, soon after she began to suffer from vomiting and severe pain in the stomach, that some of the neighbours discovered that the packet was labelled "white precipitate—poison". My treatment consisted in the administration of yolks of eggs and an emetic of ipecacuanha, with hot fomentations, and subsequently drachm doses of glycerine in water; and under this she recovered in the course of a few hours. The druggist informed me that, in spite of the greatest care, such instances were not at all uncommon.

H. NELSON HARDY, F.R.C.S. Ed.

CURE OF CONSUMPTION BY CLIMATE.

IN reference to a communication in the BRITISH MEDICAL JOURNAL of June 3rd, 1876, on Consumption, I beg to add that the proposal therein contained for the treatment by living in the open air, will probably permit others to confirm its efficacy by their experience. There are three cases occurring to my recollection that tend to illustrate the views above expressed, and to show that it is probable that open-air living has more to do with a successful treatment than mere change of climate.

One was that of an officer in a regiment, who contracted phthisis when stationed in the south of England. He was under medical treatment some time, and had the usual sick-leave, but, on his return to duty, got worse again in the same way. The next time, he was invalided with the upper lobe of the right lung seriously involved, in the third stage, with cavities; and he was examined by the usual Medical Board, and finally he sold out of the service and regiment. Under medical advice, he took to travelling about this country and the Continent, to riding on horseback instead of walking, and attending meetings of the hounds frequently. Two or three years then elapsed, during which his case was withdrawn from my observation; and I was then surprised to meet him one day in the summer at Lord's Cricket-Ground, looking quite recovered.

Another case was of an officer in the Commissariat, serving at the