ever, easily eliminated by conducting all blood coagulation determinations at the normal blood temperature.

The illustration which is subjoined (Fig. 3) shows an easy

Fig. 3.—The tubes arranged round the water tin.

method of conducting the coagulability determinations under the correct temperature conditions. The apparatus is easily constructed by sewing together several thicknesses of flannel bandage in such a manner as to leave a series of pockets (of just sufficient size to admit a coagulation tube) between the layers of flannel bandage. One of these pockets is reserved for a thermometer, and the remaining pockets are charged with coagulation tubes.

The flannel bandage, with the thermometer and the tubes, is now tied tightly round any small tin (a cocoa tin serves admirably). The tin is then filled with hot water until the thermometer in the pocket of the flannel bandage registers 37° C. This temperature remains practically constant for the few minutes which are occupied by an ordinary coagulability determination. When the temperature is to be kept up for longer intervals, it is convenient to provide the tin with a siphon. The water can then be drawn off at intervals, and be replaced by warmer water.

With respect to the coagulation tubes themselves, I may perhaps be allowed to mention that tubes of the proposed standard size (*vide* Fig. 1) are now supplied by Mr. A. E. Dean, jun., 73, Hatton Garden, E.C. Mr. Dean has also, at my suggestion, manufactured tubes which are supplied with a mixing chamber (Fig. 2). These latter tubes are designed

to facilitate the study of the effect of making various additions to blood. To examine the effect of such additions, it is only necessary to prime these tubes (say up to the first⁶

Fig. 1.—Ordinary tube.

Fig. 2.—Tube with mixing chamber.

division marked on the stem) with any fluid whose effect on coagulation it is desired to elicit. The tube is then to be filled with the usual column of blood. Mixture of the fluid with the blood is effected by aspirating the whole contents into the mixing chamber, and then blowing them down in an unbroken column into the stem of the capillary tube. The coagulation time elicited for this mixed blood is to be compared with the coagulation time as previously elicited for the unmixed blood. It is evident that these tubes may be employed in this manner to test the efficacy of any proposed physiological styptic. They may also be employed to demonstrate the more important facts which have been elicited in connection with blood coagulation. The effect, for instance, of neutral salts, or decalcifying salts (like oxalates or citrates), or of leech extract in preventing coagulation can readily be demonstrated with the minimal quantities of blood which are employed in these tubes.

SOME POINTS BEARING ON "MALINGERING."

By TENNYSON PATMORE, M.R.C.S., L.R.C.P.,

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So important to every class of medical practitioner is the timely recognition of feigned disease in its multifarious aspects, and so frequently are even the best informed led astray in their diagnosis by the malingerer, that it would seem that sufficient stress is, perhaps, not laid upon the necessity of remembering always on approaching an obscure case to include deceit amongst the conditions to be eliminated when proceeding to unravel systematically the skein of symptoms and trace out the *origo mali*.

Malingering of the grosser kind is not likely to be often overlooked by the observer who brings common sense, cultured information, and ordinary observation to the task before him; as in Sauvage's well-known case, where a young lady, after secret communication with the slaughterhouse, was suddenly seized with blood vomiting; or where a recruit, under orders for some unpleasant station is, the night before his regiment is to embark, stricken by double blindness or "paralysis."

Again, few medical men would be deceived by a thief who stated that he had fits, and that "just when he was coming to he was afflicted with an unconquerable impulse to seize the nearest gold watch he could come at," and went on to add, "it is a funny thing, but I never fancy the baser metals when I'm took bad." But if this worthy were actually to assume a "fit" before the eyes of the average successful and well-esteemed doctor, the actor would very probably succeed in, for a time, baffling the diagnosis, unless the observer had specially directed his attention to cases of the kind, and, at the same time, was possessed of all his wits and of some accurate powers of discrimination. Moreover, perhaps the most perplexing phases of malingering are seen where a substratum of real disease is intermixed with and obscured by feigned features, as where a real diabetic patient appears to have advanced well towards recovery, and suddenly presents a urine loaded with sugar; in this case it is not every physician who

⁶ The accurate measurement of these additions is facilitated by the addition of a trace of any indifferent colouring substance, such as eosin, to the solution which is to be tested.

has the energy and ready resource which are needed to trace that cane sugar to the grocer's shop!

The difficulty to be overcome becomes greater in proportion as the real disease is more serious, and so tends to mask the unreal. Thus a labouring man, in working for his employers, receives an injury to his knee which leads to synovitis; he is laid up, and perhaps finds himself in receipt of a special grant of wages during disablement, as being considered a specially deserving man; his club also pays a useful weekly sum; he appears to recover to a certain point, and is about to be sent back to work by the doctor who watches his master's interests, when suddenly an angry pustule appears outside the patella, and the bursa begins to enlarge. It is only after time wasted, and some suspicion being suggested to the attendant by an outside and chance remark, that the source of the second effusion is found to have been the introduction of a fine and rusty wire into the part!

Criminals undoubtedly appear to graduate with highest honours in malingering, which is not surprising considering what they have to gain by a successful exhibition, which may procure for the "insane" adept the genial luxuries of asylum life with its tobacco, cricket, dances, and so on; for the "rheumatic" expert rest from the treadmill and the crank; for the "dyspeptic" juggler white bread in place of brown, and cocoa instead of "skilly;" not to speak of the Elysian delights of the prison infirmary, where an undetected "paralytic" scamp may lie in ease and luxury; the possession of an ulcerated leg, if extensively successful in his artifice, may enable another to read half the pious literature of the year while his lesion is being healed.

The numerous little subterfuges practised by what used to be called "the weaker vessels" amongst our patients, it would be absurd to stigmatise as malingering. Regarding these very distant cousins of malingering, all that is needed is that the practitioner shall recognise the ruses of his playful patients and not be actually misled by them.

There is yet another view of the subject; our patients repose in us a sacred trust, and rely upon us not only to guard them from and to alleviate the results of real suffering; but by an unspoken compact, they also look to us to stimulate them to activity when disease has abdicated its throne, but may have left behind morbid disinclination to meet the daily routine of business and the renewed struggle for existence. It is for us to regulate these returning powers; to even forcibly dispel the clouds which retard them, and often delay the recuperative result of a return to the battlefield of life, which is itself the best tonic; and in so doing we are, in one more sense, combating what, if not dispelled, may degenerate into a something which might become first cousin to malingering, that is, fanciful incompetence for duty.

The foregoing remarks and illustrations will, to many readers, appear perhaps trifling in their obviousness, but so frequently have cases occurred where medical reputation and credit have been sacrificed, where that sacrifice could easily have been avoided, that the subject appears to be one which can well bear comment. Trifles grow into successes, and trifles expand into calamities quite as readily in the practice of medicine as in the practice of war; and, as has been said of the greatest generals, so may we say of the greatest physicians, they are those who make fewest mistakes.

As it is better to respite a thousand really guilty murderers than to hang one innocent victim of miscarried justice, so in dealing with this subject let us remember that a single case of genuine illness mistaken for malingering and treated wrongly, will not be outweighed, in point of honour, by a whole cohort of impostors detected. Hence, let our axiom be: "Be ready for malingering by all means; but first look for real disease; and, having found malingering, still look for real disease, as the two may coexist." This course alone will prevent blunders far worse than our being stultified.

DR. J. HAWTREY BENSON has resigned the senior physicianship to the City of Dublin Hospital.

LONGEVITY IN FINLAND.—Official statistics relative to Finland show that in 1892, in a total population of 2,431,753, no fewer than 208 persons died over 90 years of age. Of these 69 were men and 139 women. Of these aged females 3 were centenarians, their respective ages being 100, 101, and 105.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

EPIDEMIC JAUNDICE.

ABOUT October 19th, 1893, I was called to see a young lady who had been residing in Edinburgh, and a day or two before coming to Melrose had developed symptoms of what appears to have been influenza. She was going about, but was decidedly weak. On October 22nd she was jaundiced, the conjunctivæ were yellow, skin dark and irritable, urine like porter, and fæces pipe-clay. The tongue was coated with a thin white fur. Bismuth and magnesia were given until the tongue cleaned, and thereafter nitro-muriatic acid and nuxvomica until the symptoms disappeared.

This lady's younger sister, who had been complaining of "neuralgia," began to say she was weak, and in a few days afterwards developed well-marked jaundice, with all the symptoms more accentuated and of considerably longer duration than in the previous case.

About the same time a cousin of these ladies residing here, but not in the same house, and who had not been in communication with them at all, suffered from what was considered a chill, but, as she afterwards was excessively weak, we concluded it must have been influenza. About ten days after this illness she developed well-marked jaundice, with all the symptoms. Under treatment she improved gradually. About a month afterwards it was noticed that a little sister, and later a little brother, were not quite in their normal condition. They ate quite well, but they were disinclined to run about and "do lessons." After ten days of this slight *malaise*, jaundice developed. In these two little children there was very great irritation of the skin, with attacks every second day or thereabouts of well-marked nettle-rash, limited mostly to the arms and legs. They are gradually improving now, but there still remains some discoloration of the conjunctivæ.

I have attended within the last six weeks other two cases. In one, a lady aged 45, the onset was slow, with no history of acute illness; in the other, a boy aged 9, the attack began with sharp vomiting, but there was no fever nor other symptom.

In September, 1893, I attended a young girl aged 15, residing in a village three miles distant, where she was staying on holiday from Edinburgh, but in her case there was an acute attack of hepatic colic, put down as gall stones.

Excluding this last, I have had seven cases of jaundice in young people within a period of six weeks. I am sure I have not had so many in the previous six years. In three of these there was a history of something like influenza. If the attack were such, are we to consider the jaundice as one of the sequelæ of influenza? If so, I have not previously heard of it. But what about the four who had no history of influenza? Did they have it in a very attenuated form, so attenuated as to show no acute symptoms, and thereafter suffer from depression, with the sequela of jaundice ultimately showing itself? If this "epidemic" jaundice is not a *post-influenza* manifestation, what is its origin?

Melrose, N.B.

W. HALL CALVERT, M.D. Edin.

MATERNAL SMALL-POX: INFECTION OF INFANT AFTER BIRTH.

A WOMAN—E. C.—gave birth to a child on November 5th, she being then seven or eight days gone in the incubating stage of small-pox. The eruption appeared upon her on November 11th or 12th, and the child also sickened, but did not show the eruption until seventeen days after birth. It is evident that the infant was not infected *in utero*, nor from the milk upon which it was suckled during the first two or three days; in fact, it did not catch the disease from its mother at all, but probably from an elder sister, who sickened on November 9th.

It may also be worth noting, although it only exemplifies a well-known law, that the infant, having been vaccinated five days after infection, developed, concurrently, five fully-formed vaccine vesicles and a copious attack of small-pox, slightly, if at all, modified.