Heryng² attaches a certain amount of importance to the use of transmitted light as a diagnostic aid. He places a small incandescent lamp in the closed mouth, the room being thoroughly darkened. He claims that a decided difference in translucency can be observed between the healthy and diseased sides. This may be a valuable suggestion, although I have never been able to verify Heryng's observations. After all, I think it is rarely possible, having established a diagnosis of disease of one of the accessory sinuses, to say certainly which sinus is involved. Probably in nineteen cases out of twenty of suppurative disease of the accessory cavities, the antrum is the one involved; hence in a given case in which a unilateral pus-discharge is observed from the nose, and its source traced by inspection, as from beneath the middle turbinated bone, we are perfectly justified in opening into the antral cavity, to ascertain whether this be the one diseased, especially when we consider that we shall not make a mistake more than once in ten times, and, furthermore, that if such mistake is made, the operation is of comparatively trifling character, and involves practically no dangers.

The existence or non-existence of carious teeth on the affected side may be of some aid to us in our diagnosis, but the importance of this condition I do not regard as very great. We see comparatively few patients in middle life whose teeth are not more or less carious, and even when we see a case of antrum disease in connection with carious teeth of the same side, their relationship cannot be considered as established.

As regards the methods of operating, I think none has ever been devised which is comparable in its simplicity and the facility with which it is done, with the old operation through the alveolar process, the Cowper³ operation, with the insertion of Bordenave's⁴ tube, as in this manner the further treatment can be easily left in the hands of the patient, whereas Mikulicz's operation through the inferior meatus, or Hunter's through the middle meatus, involve entirely too much technicality and detail. Stoerk's⁵ suggestion of syringing through the ostium maxillare contains nothing of practical suggestion. In the cases that I have enumerated above, the antrum was opened through the alveolus. The wearing of the tube in no case has been attended with any inconvenience, and it rarely has been necessary for the patient to be seen, except where the tube became disarranged or broken. The syringing out of the cavity two, three or four times a day, according to circumstances, was easily done by the patients themselves. As regards the fluid used for this purpose, I have nothing to suggest, the main thing is to keep the parts thoroughly cleansed, and to establish an outward drainage from the most dependent portion of the cavity. This is best accomplished by the alveolar operation.

As regards the length of time during which it is necessary to wear the tube, no definite statement can be made. In one of Bordenave's cases,⁶ a cure was effected and the tube removed at the end of three months, while in another⁷ the tube was kept in place two years. The shortest time during which the tube

was worn in any of my own cases was three months, while in most of them the tube is still *in situ*.

These points, however, and others in connection with antrum disease, I have already discussed at full length elsewhere; the object of the present paper has been mainly to emphasize the point already stated, that a suppurative disease of the antrum may exist even for many years, and give rise to no symptoms other than those of an ordinary so-called nasal or naso-pharyngeal catarrh. Indeed, in most of the cases alluded to above, the patients consulted me for what they regarded as nasal catarrh, and none of them had any suspicion but that the source of the discharge was in the nasal cavity.

AN INSTANCE OF FEIGNED CUTANEOUS DISEASE.¹

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CASES of feigned cutaneous affections have been occasionally reported in this country, but their number is not large. In Europe, however, where a desire to escape from military duty offers a frequent motive, the skin comes in for a good share of patronage by malingerers. These cases may often present great difficulties to the diagnostician, as was well illustrated at the International Congress of Dermatology held in London in 1881, where there was considerable diversity of opinion as to the character of the eruption in a case presented, that was afterward proved to be simulated; and it may, I think, be questioned whether many of the peculiar cases that have been regarded as neuroses, were not, in reality, examples of skilful deception.

In another class of cases, the patient, whose affection was not, at the outset feigned, conceives the idea of keeping up an eruption already existing, a matter often of very little difficulty to an intelligent person. These cases, I am inclined to think, are more frequent than we generally suppose, as I have met with a number of instances where I strongly suspected the patient of wilfully prolonging the trouble, although it was impossible to prove it. Certainly this possibility should always be kept in view in seemingly obstinate cases of a certain type, especially when they occur in women of a neurotic disposition.

The following case seems to me to present features of such peculiar interest that I shall report it without apology.

The patient was a woman thirty years of age, single, born in Scotland, but a resident of this country since her infancy. In June, 1888, a laparotomy was performed by Dr. George Haven for the removal of a fibroid tumor, from which she made a good recovery, and resumed her work, which was that of an attendant in a shop, in September. It was subsequently ascertained that there were some obscure nervous symptoms after recovery from the operation, but she was considered to be in fair health generally. I first saw her on December 13, 1888, when she was referred to me by Dr. Haven, on account of an affection of the skin of the right arm, which exhibited some peculiar features and had not yielded to treatment. I found her a woman of a good deal of intelligence, somewhat

¹ Berlin. Klin. Wochens., September 2, 1889.

² Institut. Chirurg., tome 11, p. 622, ed. 1750.

³ Diseases of the Maxillary Sinus, Mem. Royal Acad. Surg., France. Sydenham Soc. Pub., London, 1848, p. 147.

⁴ Wion. Med. Wochens., No. 43, 1886.

⁵ Loc. cit., Obs. ix.

⁷ Loc. cit., Obs. x.

¹ Read before the Boston Society for Medical Observation, February, 1890.

thin, but not markedly anæmic in appearance, perfectly self-possessed, rather quick and nervous in her movements, and inclined to be voluble in her speech. She showed me a patch of excoriated looking skin, rather larger than a silver dollar, intensely hyperæmic in the outer portions, with slight scaling in the centre, situated on the flexor side of her right arm, near the wrist, which she said had appeared four or five weeks previously and had since increased in size. She was not conscious of having received any injury there, although she had thought it probable that it started from some such cause. The patch was extremely sensitive to the touch, as was also the arm for a considerable distance upward. There was a moderate degree of œdema of the parts immediately surrounding the patch. She complained of a dull pain and numbness in the whole arm which troubled her especially at night. At her next visit, a week later, the inflammation and swelling had extended downward over the wrist, while the parts previously affected remained as before. In the inflammatory area, a very small superficial vesiculo-pustular eruption was apparent. The pain and hyperæsthesia were more marked, the patient professing great pain when the arm was gently handled.

At the next visit the affection had progressed from two to three inches up the arm, while in the parts first affected, the œdema and redness had nearly disappeared, leaving a somewhat scaling surface. At the point where the affection was progressing, the vesiculo-pustular eruption was to be seen. At this time the suspicion that this was a case of malingering occurred to me, but the previous serious troubles of the patient, her refusal to give up her work for a time, and her apparently great desire to recover quickly, as she contributed to the support of her mother, made this view of the case somewhat improbable.

Four weeks after I first saw her, the affection had nearly reached the elbow. At this time the upper half of the arm, chiefly on its flexor aspect, was much swollen and very hyperæsthetic, and the inflamed area was covered with numerous minute vesico-pustules, occasionally grouped, with, in some places, a larger pustule the size of a bean. In the lower portion of the arm involution had taken place, leaving great roughness and considerable pigmentation. Hyperæsthesia and pain as before.

The next symptom to appear, and one that excited anew the suspicion of malingering, was several long excoriations on the part of the arm that had healed, looking very much like scratch marks, although she strenuously denied that they were so produced, and declared that she could not bear to touch her arm. The affection had reached the elbow, but had not progressed beyond, the appearances now consisting of areas of fresh eruption in the localities previously affected. In order to test her veracity, I determined to cover the whole of the affected arm with a layer of gelatine, which I told her not to disturb, and to return in three days. I left the room to heat the gelatine and on returning I found several bleeding points and scratch marks which were not there when I left. On being accused of scratching she was forced to admit that she had done so, giving as an explanation that the part that she had scratched was not now sensitive, but had become itchy. When she returned, at the expiration of the three days, the appearances had

undergone a remarkable change. The gelatine covering had not been disturbed apparently, and the whole of the affected area beneath it, showed a greater degree of improvement than had been seen before. There had been no recurrences within the affected area, whereas just beyond the edge of the dressing, *on parts of the skin that could easily be reached, and that had never before been affected*, this same extraordinary eruption had appeared. It now became reasonably clear that she was in some way producing the eruption herself. Whether or not she saw at this time that she was suspected, I do not know, but the whole trouble disappeared almost immediately after this visit, and she called soon after to show me that there remained on the affected arm only some roughness and pigmentation, with, as she maintained, slight hyperæsthesia.

A month later I was surprised at receiving another visit from her. This time a similar eruption had occurred in the median line of the abdomen about two inches below the umbilicus, at the site of the scar from the old laparotomy, and at a point where she said she had occasional pain. The threat that if the eruption extended in this direction it might be necessary to resort to some operation, had the effect of making it disappear at once, as was learned a month later, when she presented herself again.

She was at this time employed by a charitable society to visit among the poor, and had been advised to have herself vaccinated. The inoculation did not take effect, but twelve days afterward an eruption appeared upon the left arm at the point of vaccination, which on examination proved to be the same erythematous and vesiculo-pustular dermatitis accompanied by œdema and hyperæsthesia. Although not directly charged with malingering, when she saw from attempts that were made to get further light, that suspicion at least had been aroused, she became exceedingly excited, uttering even threats of suicide, and was quieted only by the promise that no further inquiries would be made. Since then no new eruption has appeared.

There can be no doubt, I think, that this eruption was feigned from the start. How it was done, it is impossible to say. As she was detected in the act of scratching, it is fair to assume that some of the appearances were thus produced, but it is probable that she also invoked the aid of some cutaneous irritant. It seemed very difficult at first to exclude the possibility of its being a form of neurosis, and several other gentlemen interested in dermatology who saw her, were as much puzzled as I. It was learned that the patient had, during the progress of the cutaneous affection, sought medical advice on account of abdominal pain, alleged vomiting and other symptoms which were considered to be of an hysterical nature; further evidence against her if more were needed. Her motive was probably to excite sympathy, which had not been dealt out to her so freely as she demanded, after her serious troubles had been alleviated.

— *Mrs. Schmerz* (at breakfast): "What was it you were muttering in your sleep last night, Galen — about 'pairs' and 'three of a kind'?"

Dr. Schmerz: "Um — ah! I met Dr. Flush while I was out, and he told me some of his experience with twins and triplets. Must have dreamed about it!" — *Puck*.