

CHAPTER III

THE MEDICAL EXAMINATION

The Special Difficulty of Medico-Legal Examinations.—The task of examining a patient who alleges disability as the result of an accident is by no means an easy one. In ordinary medical practice it can safely be assumed, at any rate in the vast majority of cases, that a patient who presents himself for examination does so with the sole object of getting well as soon as possible. He is unlikely intentionally to keep anything back or make any false statements. The cases under consideration, however, are by no means so simple.

When an employee is sent by a solicitor for examination, it often means that the medical man may have to substantiate his opinion in Court in opposition to the forensic skill of counsel, and the too often partisan evidence of members of his own profession.

One must always be prepared with the exact data upon which one's opinion is founded. A woman's instinct in judging of character generally leads her to sound conclusions, and the fact that she may not be able to describe the process by which she came to her conclusions does not diminish the value of the opinion formed. But intuitions of this sort are valueless in courts of justice.

From intimate knowledge gained by many examinations, one may feel certain that a man is a skilful *malingeringer*; but woe betide him who expects any such conclusion, however honestly arrived at, to be accepted at an Arbitration unless substantiated by facts, bare, stubborn, and incontrovertible, which are the only coins current in the County or High Courts. Moral certainties, like moral victories in politics, count for nothing.

Special Qualities Necessary.—The full unravelling of these cases demands on the part of the examiner a number of some-

what special qualities. He should, in the first place, have had a wide experience of accidents and their results; he should also be conversant with the conditions under which the working-classes live; he should know something of the work entailed in the various kinds of employment; and club practice itself should not be unknown to him.

The detection of malingering is not always so much a question of scientific knowledge as of the personal equation of the examining medical officer. He must be independent and fearless, and his general alertness must be almost past telling. Large experience of this class of work gives a sort of instinct when dealing with the malingerer.

I think there is ample scope for the evolution of a class of medical men who would specialize in medico-legal work, and who, from long experience and observation of these cases, would become really qualified to deal with them—an evolution which has already taken place in Germany.

Mental Attitude of the Medico-Legal Examiner.—It is most important that the examiner should be absolutely unbiassed and judicial in his attitude towards the claimant, and while he should always be alive to the possibility of malingering, he should be equally on the lookout for every indication of organic disease. He should hold the balance fairly between employee and employer, or insurance company, for it is unseemly that any medical man should be biassed in favour of insurance companies and allege malingering where it does not exist, or minimize disabilities that do exist. Even when convinced that a man is malingering, it is always unwise to make a definite accusation unless one is prepared to substantiate it with weighty evidence; but, having formed an opinion, the medical witness should have the courage of his convictions, and when he has once given an honest opinion, or has made a statement which he knows to be true, no amount of forensic craft should cause him to contradict himself in the witness-box.

It is not always an easy task thus to maintain a judicial attitude, for patients often come with the preconceived idea that the examiner is their enemy, and they are accordingly either mulish and stubborn to a most exasperating degree, or insulting and refractory in their demeanour. If not as bad as this, they

are often so garrulous as to severely try the patience of the examiner; and, again, are sometimes so stupid that it is difficult to get them to take any intelligent interest in the tests to which they are subjected.

In setting out to examine a patient, his behaviour should be carefully noted from the moment he comes under observation. It is a good plan, when possible, to watch his gait and demeanour before he is aware that he is under observation. The way he enters the room, removes his clothes, and so forth, should all be watched.

Some cases are much more easily unearthed when their statement is apparently accepted and the case regarded as genuine. At the same time every casual and apparently trivial occurrence is observed.

It should not be forgotten that it is the point of view of the simulator that one has to study, and that he will maintain his attitude so long as he believes he has the upper hand of the medical examiner. He is often fully alive to anything that is in the nature of an amateur either in the technique of the examination or in the manner of the examiner.

Interrogation of Examinee.—It is no part of the duty of a medical examiner to trespass on the legal aspect of the case. The question of liability is one in which he should have no interest, and with which he certainly has no business.

At a medical examination, therefore, only such questions as will assist in forming an opinion as to the condition of the patient should be asked. It is, as already stated, of the first importance to conduct every case in an impartial spirit, and it is of almost as great importance to let all parties concerned see that such is one's intention. Only in this way can confidence be inspired.

In putting questions, allowance must be made for the particular degree of mental alertness of the individual. It is obviously unfair to brand a man as deceitful because he has not understood a question which has been propounded in a manner not clear enough for his limited intelligence to comprehend.

Examination of Claimants under Influence of Alcohol.—I would warn medical men of the danger of examining a person who is even *slightly* under the influence of alcohol.

Workmen, especially when they have been in receipt of compensation for prolonged periods, and when they are conscious that the claim is either based on deception or on gross exaggeration, sometimes fortify themselves for the medical examination by recourse to alcohol.

The amount taken, I believe, is not as a rule large, and the effect produced is not infrequently the joint result of a scanty and hurried breakfast, followed by a visit to a public-house. It should be made an invariable rule, *if there is any suspicion that the examinee has lost his sense of responsibility and of proportion of things on this account, that the examination should be absolutely declined.* The danger of conducting an examination in such circumstances is that the examinee, even when only slightly under the influence of alcohol, is abnormally frank, and makes statements or admissions which he absolutely denies at a later stage. Further, it is not fair to a candidate in these circumstances to apply, for instance, the delicate tests for sensibility, fine co-ordination of muscles, etc. It may be difficult under the circumstances to decline to examine a man whose presence has been obtained after much trouble and a mass of correspondence, or where both he and his solicitors have raised all but insuperable difficulties. Nevertheless, the examination should be firmly declined. I urge this with much emphasis as being the only safe line of conduct under the circumstances. To make an examination under these conditions is unfair to the examinee, and is equally unfair to the examiner.

A brief statement in writing to the effect that the examination had, in the man's own interests, been declined owing to his condition, will invariably pave the way for his attending on a subsequent occasion with amazing alacrity, for both he and his solicitor know well the prejudicial effect which further postponement from such a cause might have should any judicial proceedings follow.

Statutory Right of Employer to Medical Examination under Workmen's Compensation Act.—In workmen's cases the applicant is, by Paragraphs 4 and 14 of the First Schedule of the Workmen's Compensation Act, bound to submit himself for medical examination.

Paragraph 4.—"Where a workman has given notice of an accident, he shall, if so required by the employer, submit himself for examination by a duly qualified medical practitioner provided and paid by the employer; and if he refuses to submit himself to such examination, or in any way obstructs the same, his right to compensation, and to take or prosecute any proceeding under this Act in relation to compensation, shall be suspended until such examination has taken place."

Paragraph 14.—"Any workman receiving weekly payments under this Act shall, if so required by the employer, from time to time submit himself for examination by a duly qualified medical practitioner provided and paid by the employer. If the workman refuses to submit himself to such examination, or in any way obstructs the same, his right to such weekly payments shall be suspended until such examination has taken place."

Exclusion of Third Parties at Examination under Workmen's Compensation Act.—It will be observed that in the above no mention is made of the presence of a third party; and, as cases have been decided to the effect that a man's solicitor or his representative is not entitled to be present, it is difficult to see who could claim the right. Before commencing the examination of a case which may eventually be of medico-legal importance, and more especially in cases sent by insurance companies and other corporations, where the question of fitness or otherwise for work may arise, it is always expedient courteously but firmly to insist upon friends or relations of the examinee withdrawing. In the event of it being found necessary to report that no such illness as alleged does in fact exist, allegations of unfair treatment and harshness are not unlikely to be made; and, however groundless and unjust they may be, it would add to the embarrassment of the medical examiner if such statements were supported, as they sometimes are, by a friend or relative who had ostensibly attended to give moral support to the applicant. The author recalls an occasion on which a third person was incautiously allowed to be present during the interview; and where subsequently it transpired that this individual was a clerk in the employ of the claimant's solicitor, and he supported the claimant's perjured evidence. The precautions indicated are of still more importance when it is proposed that the examination shall take place in the presence of a paid agent of the trade union to which the examinee belongs, or of the solicitor who may be conducting

the claim for compensation under the Workmen's Compensation Act of 1906.

For the above reasons, then, and after a large experience of medico-legal examinations and evidence in Court, I urge the extreme importance of those engaged in this work making it an absolute rule on all occasions to exclude third parties who are not medical men.

Presence of Examinee's Doctor Desirable at Examination under Workmen's Compensation Act.—The applicant should be encouraged to arrange for the presence of his own medical attendant, and in workmen's compensation cases this has been expanded to include the medical nominee of the solicitor who has taken up his case when, as occasionally happens, the injured man has long ceased to employ a medical man. This arrangement cannot be objected to; for obviously the plaintiff would prefer the presence of a medical attendant, and *his* attendance at these interviews is occasionally helpful.

It should be carefully noted that these remarks apply only to the Workmen's Compensation Act, and have no bearing on actions brought under Common Law, or on what are known as third party claims, or on actions under the Employers' Liability Act. In those cases the Legislature does not make provision for a medical examination, and all sorts of conditions are sometimes imposed, before permitting one, by solicitors employed in actions of this kind. These must be submitted to.

In such cases my practice has been, where the plaintiff insists upon being examined in the presence of his own solicitor, to do so only when the defendant is also represented by a solicitor. If the plaintiff's doctor is present, it is generally sufficient, except in the case of the most aggressive of the legal profession, to point out that the plaintiff is abundantly protected by the presence of his own medical man, and that the presence of two solicitors is uncalled for, and is more likely to embarrass than expedite the examination.

Pretraumatic Oblivion.—Traumatism, especially if it consists in a blow on the head and is severe enough to cause unconsciousness, often produces a loss of memory of what happened when the injury was inflicted. Not only are the whole circumstances of the accident forgotten, but the memory of

incidents occurring shortly before it may be completely wiped out of mind and lost. The extent of this pretraumatic oblivion may be but the fraction of a second, but very often is a few minutes, and not infrequently it extends to days, and even weeks. I recently saw in a hospital a young soldier who was buried alive in Flanders as the result of an explosive shell, who lost all recollection of his whole life prior to the injury. He forgot even his own name, did not recognize his father, could not tell where he had been educated, and this condition had lasted for seven months when I saw him.

The late Professor Bain, after a short period of temporary unconsciousness due to an accident, found he had lost all recollection of everything he had experienced for at least a week before the injury. The memory of immediate pretraumatic experiences, if lost, sometimes returns, but generally does not do so. It seems as if the delicate structure of the brain, which is daily registering thousands of impressions, is thrown out of gear by a violent shake or blow. But if the blow be not severe, the shaken elements return to their places and the brain resumes its proper functions. The physical basis of memory for recent events is lost, because they are recent and are not yet organized; on the other hand, the changes in cerebral tissue (whatever these are) for more remote periods have settled down and been assimilated, as it were, and therefore memories of these periods readily return with consciousness.

A full recognition of these facts is important, for patients who exaggerate the severity of an accident are apt to be unjustly disbelieved when they deny all recollection, not only of the accident, but of a period of time immediately prior to its occurrence.

Questions which suggest the Answer.—In eliciting the history of the accident, great care should be taken to avoid giving information to the claimant. A very great deal of mischief is done by doctors, unused to these cases, who put leading questions; who, for example, ask a man who alleges "slipped cartilage" whether his knee was locked; or trace out the course of a nerve, and ask whether the pain is felt along it. They supply the dishonest man with material for bolstering up his case, and furnish the true hysteric or neuras-

thenic with a list of new complaints; for to *suggest* new symptoms to such patients is tantamount to causing them to experience the same. *It is therefore most important that leading questions should not be put.*

Inquiry as to All Sources of Income.—A knowledge of the number of friendly societies from which a sick man is receiving assistance is often of very great value. Whilst every working-man should be encouraged to make adequate provision for the inevitable rainy day, it is the duty of the examiner to very carefully scrutinize the case of the employee whose total income when ill exceeds his earnings when at work. One may be excused for viewing such a case with considerable suspicion, especially when an attempt is made, as is so often the case, to conceal the number of clubs and minimize the benefits received therefrom.

A return to work at the earliest possible moment is almost more than can be expected of human nature when the patient finds himself in the position of being better off when not working than when engaged in the hard and laborious work of the artisan classes.

It is not suggested that the history of previous illnesses or the family history should be inquired into, for the replies are seldom trustworthy.

Questions as to History of the Accident.—There is only one way of getting at the facts systematically, and that is by first asking the patient for the history of the accident (letting him understand that only such details as will assist in forming an opinion from a medical point of view are desired). Everything that the patient says in his history should be carefully written down at the time, as nearly as possible in his own words, for future reference.

The claimant should be asked for an account of the accident, and the events prior and succeeding thereto should be carefully gone into. For example, if in a head injury the patient remembers everything right up to the time of the accident, the probability is that he has not suffered from concussion of the brain. Next, one tries to elicit how seriously he was damaged by the accident—whether he was able to get up without assistance and go on with his work; whether he could walk to his home or the hospital, or whether he was carried; if he

went to the hospital, whether he was detained, and if so, for how long; whether he continued to attend as an out-patient, and for how long, and so forth.

Every now and then one comes across a patient who is burning with anxiety to describe exactly how the alleged accident happened, and it is noticeable that, with few exceptions, the cases where this anxiety is most marked are generally those in which there is little or nothing to be found upon examination. The history amounts to little more than the account of his impression of his own sensations.

It is well not to encourage patients to give anything but a very brief description of how an accident has happened; for the working-man's vocabulary is very limited, and he usually credits us with a knowledge of technicalities which most of us do not possess. It is useful to encourage the re-enactment and posturing incidental to the accident. Time after time I have allowed cunning rogues to give themselves away unmercifully whilst they twisted and bent themselves in grotesque attitudes in their endeavour to show exactly the position they were in when the alleged accident overtook them. It is amusing to note the sudden check to their volubility and posturing when it is pointed out that their free movements are presumptive evidence of their having at last returned to health and usefulness.

Alleged Medical Opinions quoted by Examinee.—It is inadvisable to allow a working-man to quote the opinion of either the authorities of the hospital he may be attending, or his own medical man. There can be no question that assistance from a member of the profession who is in daily attendance upon the case would be of much value; but the difficulty is, that a poorly educated man can rarely repeat accurately his doctor's remarks, and his not unnatural desire to magnify the seriousness of his case inevitably ends in one's being, intentionally or unintentionally, misled by his statements. *It should be an invariable rule to decline to listen to any opinion said to have been given by any other medical examiner.* This attitude has the additional advantage of impressing the examinee with the fact that the examiner is forming an impartial and wholly independent opinion, and is likely to have the courage of his opinion.

History of Treatment often an Indication of Bona Fides.—

The history of the treatment received is a very important one, for while the honest workman will generally be found to have endeavoured to obtain the best treatment possible, and, having obtained it, to follow it out rigorously and conscientiously, the malingerer will make every effort to avoid adequate treatment. If, by what he considers mischance, he has been taken to a hospital, he will speedily take his discharge therefrom, and his subsequent attendances as an out-patient will be either nil or at very infrequent intervals, and he will generally be content to present himself for a certificate of disablement at stated periods at the surgery of a hard-worked doctor, who in all probability has not the time to examine him thoroughly.

Past and Present Symptoms compared.—Having elicited the history of the accident, and ascertained if any light is likely to be gleaned from it, the patient should next be asked to state what his present complaints are.

Claimants are very apt, in giving a history, to mix up symptoms from which they *have been* suffering, with those from which they *are* suffering at the date of examination. The examiner should keep very clearly before him the fact that he is called upon to examine and to report on the physical and mental condition of the applicant *at the time* of his examination. If any attempt be made to report on the condition of the claimant from his *ex parte* statements prior to the examination, it inevitably leads to confusion. It should be borne in mind that those who have the conduct of the case may have intentionally allowed time to elapse, for reasons best known to themselves, before submitting the applicant to a thorough medical examination. Indeed, it not infrequently happens—and in one insurance company I am acquainted with it is the rule—that several medical opinions are sought, at intervals, prior to action being taken which may lead to Court proceedings.

Vague Complaints.—When employees are sent for medical examination with a view to a consideration of the question whether they are or are not now fit for duty, a great deal can be learned from very small matters, not only by carefully listening to their statements, but also by observing their

manner. For instance, the deliberate malingerer will not commit himself to anything approaching a definite statement as to when he even hopes he may be well. He invariably says that he will return to work when he feels able, or when his doctor says he is fit. Now, if a man is suffering pain, it is perfectly obvious that he, and not his doctor, is the best judge as to when the pain ceases. It is equally clear that, if he chooses stoutly to assert that the pain is still present, he knows that his own private medical attendant will find difficulty in denying its presence.

It is characteristic of the true malingerer that he is often taciturn. He very well understands his position when he meets the medical examiner. He commits himself to very little, but he is very positive with regard to his complaint, which is generally a subjective symptom.

Danger of a False History.—It is not unusual for a malingerer to conceal the early stages of his disease, and thus make additional difficulties for those who have to report on him. Sometimes these cases are exceedingly difficult, and much firmness is necessary. The following case might, under other circumstances, have ended disastrously :

History. — C. T. complained that whilst engaged as an electrical engineer in a night shift, he suddenly fell across an iron bar, injuring his left groin.

Examination.—He had a bubo on the left groin, and a healing soft chancre beneath the prepuce. Being suddenly taxed with the origin of his complaint, he admitted it, and as he was attempting to obtain money under false pretences he was discharged from his employment.

A few days afterwards he furnished a certificate to his employers from his own doctor, stating that he had been in attendance on him for some time and that he was not suffering from venereal disease, and that his injury was the result of an accident.

I was asked under the circumstances what should be done, and I advised that no notice should be taken.

Shortly afterwards, however, another certificate to the same effect came from a surgeon at a well-known hospital.

It would appear that the man had been artful enough to wait until the soft chancre healed before he consulted the surgeon, who, believing his statements, lectured upon the case to a number of medical men who happened to be present, pointing out an interesting case of *an abscess following a blow on the groin !*

I subsequently saw both surgeons and explained the circumstances.

The man's own doctor admitted that he had subsequently discovered the soft chancre, though he had not done so at the time he wrote the certificate.

Conflicting Symptoms.—When a patient complains of symptoms which appear bizarre, unlikely, and not conforming to any known type of disease, it must not be assumed too readily that they are false. It will well repay the medical examiner in these difficult cases to institute a searching, and, if necessary, prolonged examination (in the interests of all concerned) before writing his report.

It is a safe rule to think lightly of a group of symptoms which, however extraordinary in themselves, are nevertheless compatible with one another, and which may therefore all result from one definite pathological condition.

It is of value to notice whether the series of events and the evolution of symptoms follow a course which experience shows one might fairly expect them to follow after the injury in question.

It should always be remembered that the patient is at a great disadvantage compared with the doctor, in that he has not the latter's special knowledge; and if he is lying and endeavouring to make up symptoms which he thinks suitable to the case, he will produce a picture so distorted, so lacking in verisimilitude, that its falsity is manifest. It should also be noticed whether the symptoms complained of are such as can be readily simulated; for, obviously, the malingerer will select these for his purpose, and will ignore those which either cannot be accurately reproduced at all, or can only be imitated with pain and difficulty. Indeed, I often feel that the contest between a medical man and the class of patient being dealt with here is really *in some respects* a very unequal one, and it is fortunate that it is. The exaggerator or malingerer, as the case may be, is sadly deficient in the proper equipment for a successful issue. He is ignorant of anatomy and physiology, and pretends symptoms which are impossible, but which in his imperfect knowledge he assumes should be present in his particular pet disease. He may often, in fact, be exposed by asking whether he experiences symptoms which might appear to the lay mind likely to occur, but which the expert knows are utterly foreign to the ordinary sequences

of the accident in question. As has been well remarked, "sometimes the whole symptomatology is so unreal as to amount, constructively, to malingering."

As an example of how sometimes a doctor may by mistake treat a man who really had no injury, the following may be of interest :

B. C., a ship's fireman, aged thirty-seven, stated that whilst "slicing" fires on board ship, he slipped, felt something grip, as it were, at the lower part of his back, fell down, and was picked up by his mates. In view of the ultimate issue of this case, the history of his subsequent dealings with the medical profession is of interest, and may therefore be related in some detail. He stated that he finished the morning watch, but was unable to work in the evening, and reported the matter to the Captain, who told him he had sciatica. He did no more work till the ship reached the first port of call, where he consulted a doctor, who gave him medicine. He resumed work until the ship reached the next port, when he again told the Captain he could not work. The Captain sent for a doctor, who examined him and told him he would be better at work. He continued work till the ship reached the third port, when he again consulted a doctor, who also said he would be better at work. At the next three stopping-places he did not consult a doctor. On the return voyage he went to the medical man he had seen before at the third port, who a second time told him not to stop work. At future stopping-places he consulted no doctor. Four and a half months after the alleged accident the ship reached London, and the claimant went to a medical man, who diagnosed injury to the spine, gave him oil to rub in his back, and saw him twice a week for some weeks.

Examination.—Seven months after the alleged accident, when he was sent to me, he stated he was unfit for work on account of pain in his back, caused by his fall. He was well nourished, with no evidence of muscular wasting. He explained that the pain radiated horizontally from the centre of the lower part of his abdomen to the hip-joints, and then vertically down the outside of each thigh—a practical impossibility, because this direction follows no group of nerves. He persistently held himself stiff (except when he was lacing up his boots) until the end of the examination, when he straightened his back in a comparatively nimble manner. An X-ray photograph of the portion of the spine where pain was alleged showed nothing abnormal.

I told him to strip, and kneel with his hands, elbows, and knees on the floor, putting his clothes below his elbows, and arranging his back so that it was perfectly level. This position, equivalent to the erect position when standing, he assured me, caused him no pain. On applying faradism to his back, he asserted he could not feel a strong current in the neighbourhood of the alleged painful area, although I distinctly observed the muscles involuntarily contracting under the

current, and that he was alive to this usually painful sensation was evidenced by his distorted facial expression. It was obvious that he considered that with his disability he should not feel anything, and bore the current manfully.

When picking up his clothes he stretched out his right leg behind him, and bent upon the left side, which he had alleged to be painful. He walked away with his back bent, but I came to the conclusion that he was fit for work, and if not actually malingering, was under an obsession that he could not work.

Result.—The shipping company stopped paying compensation on receipt of my report, and when the matter subsequently came before the Court, the shipping company proved that the alleged accident had never, in fact, occurred. Judgment for defendant.

Inquiry into Statement of Claim furnished by Examinee's Solicitor.—Where, as sometimes happens, the Statement of Claim is submitted to the medical examiner, a careful note should be made of the different allegations as to the effect of the accident, *and* of the discrepancies, if any, between the patient's statement as to his disabilities and that put forward by his solicitor. There is often a marked difference between the condition of the claimant on the date of his medical examination and that which he presumably was in when the lawyer was furnished with the details of how the accident had affected him.

The difference may, of course, be accounted for by the interval of time which has elapsed, improvement probably having taken place meanwhile; but my experience is that Statements of Claim in ordinary "running down" cases are often grossly exaggerated. On the other hand, it should not be forgotten that a solicitor takes his client's "instructions," and one can well understand that after pain and suffering have been experienced—the result, it may be, of culpable carelessness on the part of the defendant—a feeling of resentment, or even a desire for revenge, takes possession of the plaintiff, and he is tempted to exaggerate when pouring the details of his symptoms into the sympathetic ear of a solicitor's clerk.

The following case illustrates, where there is a detailed statement of alleged disabilities, the necessity of taking up each point in its proper order, of thoroughly investigating it, and of setting out the result of the examination systematically.

History.—B. D.—A firm of solicitors requested me to examine, on behalf of the defendants, a boy aged eleven years, who seven months previously had been run down by a cart; the shaft had struck his left cheek, and the horse trampled on him. The examination took place in the presence of the boy's family doctor and a well-known surgeon.

Examination.—The Statement of Claim set out that the lad was still suffering, as the result of the accident, from the following ailments: *Physical*: (1) Small abrasion on left cheek; (2) loss of second incisor tooth on left side, causing permanent disfigurement; (3) depression at angle of the jaw; (4) injury to left forearm; (5) intermittent swelling of the knees; (6) discharge from the left ear. *Mental*: (1) Nervousness; (2) preoccupation and restlessness; (3) headache; (4) sleeplessness; (5) dreaming and fear of the dark; (6) loss of memory.

The examination lasted considerably over an hour.

Physical Disabilities.—(1) The abrasion on the cheek was a trifling red scar about the size of a split pea. (2) The doctor was very emphatic that the incisor tooth was broken by the accident, but I was able to point out to him that the teeth were absolutely normal. The lad's milk-tooth had obviously been on the point of falling out at the time of the accident, and may have been helped out by the fall, but had been replaced by the permanent tooth by the time I saw him. The incident was therefore of no value from the plaintiff's point of view, but might have been very telling in cross-examination at the trial had not the plaintiff's solicitor decided to abandon his claim for this disfigurement! (3) There was a slight depression at the angle of the jaw, of no serious import. (4) A swelling and discoloration, the remains of some inflammation of the left forearm, was apparently rapidly disappearing. The lad asserted, and his doctor supported him, that there was loss of power in the left hand. He certainly did not grasp so firmly with this hand as with the other. All the muscles of the left hand were softer than those of the right, evidently from want of use after the accident; this probably accounted for any difference in power of grasp. (5) He obviously suffered from knock-knees, a common result of rickets, which, admittedly, could have no connection with the accident. (6) The father informed me the boy had a discharge from his ear, which came on with, but dried up a few hours after, the headache. This was not correct, for on examining the ear with the otoscope the drum was found to be perfectly normal.

Mental Ailments.—(1) I had observed that in the waiting-room before the examination the lad showed no symptoms of nervousness. (2) There were no signs of preoccupation and restlessness in his manner. (3) It was difficult to affirm or deny the presence of headache (a subjective symptom), but from careful questioning it appeared that he was subject to "sick headaches" (migraine) prior to the accident. (4) He told me he slept continuously from 8 p.m. to 8 a.m. (5) It was probably true that he had dreams and was afraid of the dark; this must, however, have been suggested to him in the

first instance, for, on being asked if he ever dreamt, he at once stated, with evident satisfaction, that he had dreamt of lions. On my suggesting that a lad of his age should not be afraid of the dark, he stoutly asserted that he was, and obviously considered it the right condition to be in after an accident. (6) After dismissing the boy and his father, I suggested to the doctor and the surgeon that the lad was acting his part, and the latter admitted that this was true to a certain extent. The question of the alleged loss of memory, therefore, was a difficult one to deal with. My impression was that he did not suffer from loss of memory as the result of the accident.

Result.—Six and a half months later, in the High Court, a verdict for the defendants with costs was returned; this, however, was upon grounds other than medical.

CHAPTER IV

THE MEDICAL EXAMINATION (*Continued*)

Routine Method of Physical Examination.—The physical examination of a patient should always be as thorough as possible. Never was the old instruction of “Eyes first, ears second, hands third,” and so forth, more necessary than in dealing with these cases. It is proposed at this point to give but a brief indication of the routine of the examination; the details of the methods and the points to be observed will be found under their appropriate headings.

With the patient standing in front of the examiner, facing a good light, the following procedure should be adopted :

I. Examination of the head, including the condition of the twelve cranial nerves, and of the teeth, tongue, throat and neck, and organs of special sense.

Patient removes his coat and waistcoat, and rolls up his sleeves to the armpits.

II. Examination of the upper extremities with reference to the condition of—

1. Muscular wasting.
2. Muscular power.
3. Movement (joints and bones).
4. Tremor.
5. Ataxia.
6. Reflexes, superficial and deep.
7. Sensation.

Observation to be made of skin, and for tumours, wounds, etc.

Patient removes boots, socks, trousers, and pants.

III. Examination of lower extremities as in II.

Observation to be made of skin eruptions, ulcers, varicose veins, rupture, hæmorrhoids, condylomata, and so forth.

IV. Sample of urine taken and tested.

Meanwhile patient replaces socks, trousers, etc., and removes shirt.

Mobility of the spine and limbs to be noticed during these operations.

V. Examination of heart, lungs, spleen, liver, kidneys, and superficial reflexes of abdomen.

Patient re-dresses, during which his movements are still further observed.

VI. Testing for memory and mental condition generally.

If any unusual symptom is discovered, an exhaustive examination should be made in the direction indicated by the abnormality.

Alleged Heart Disease.—In the course of a thorough examination of a claimant bruits in or about the heart are often discovered. Their significance is frequently misunderstood, and functional abnormalities are credited with being the cause of, or of assisting in the production of, alleged disabilities. I have added a few hints which may be useful in considering the value of heart murmurs.

Test for Heart Muscle.—The following, suggested to me by Dr. Thomas Lumsden, is an important and accurate test for the condition of the heart muscle, and for ascertaining whether that organ can satisfactorily perform its work. It demonstrates conclusively whether compensation for any valvular lesion is good or not.

1. Count accurately the pulse for half a minute, and note whether the number for each five seconds is equal.

2. Then either ask the patient to mount briskly stairs to a height of 14 feet and then return, or, what is often more convenient, with his body extended resting on his toes, and his hands placed on the sides of the seat of a chair, to raise and lower his body, by means of flexing the elbows, twelve times in fairly rapid succession. The pulse-rate will be found to have risen, and very likely the patient will be slightly out of breath.

3. Note the number of beats every five seconds in order to

determine how long it takes for the pulse to regain the rate at which it was beating before exercise was taken.

If the heart muscle is sound, the pulse should become normal again within a minute, or at most a minute and a half.

When there is fatty degeneration, inefficiency, or a fibroid condition of the muscle, the normal rate is not regained for a longer period than this, sometimes even up to three or four minutes, but the mere difference in pulse-rate does not necessarily imply muscular change.

The results of the experiment cannot be stated invariably to denote permanent weakness; the pulse would not, for instance, return within the prescribed time in convalescence from an acute illness. It should also be remembered that all beats of even a normal heart are not of the same value. An irregularity which has disappeared on exercise and returned on rest is of no moment.

Functional and Other Murmurs.—I am indebted to Sir James Mackenzie's admirable memorandum, drawn up for the benefit of medical examiners of recruits, for the following notes:

Systolic murmurs which are heard anywhere, and which vary with respiration or position of the body, are physiological only.

A murmur which is systolic in time, with its greatest intensity at the apex, mid-sternum, or base of the heart, if response to effort and the size of the heart are normal, is negligible.

The lengthening or shortening of the pauses between the beats, a condition which often increases during inspiration and decreases during expiration, is of no importance, for it is frequently present in perfectly healthy hearts.

The presence of an extra systole—*i.e.*, consisting of two short, sharp sounds heard during the pause, accompanied by an intermittent pulse—does not indicate disease, especially if the size of the organ is normal and there is no evidence of functional inefficiency.

The size of the heart can only be accurately estimated by means of X-rays.

A functional bruit at the apex of the heart which is heard when the patient is on his back, and disappears when he stands or takes exercise, is negligible. Functional murmurs are very common, and are much more frequently found in young people than in those of middle life. They are often due to dilation of the auriculo-ventricular opening, and not to disease of the mitral valve. They occur in every case of well-marked anæmia.

Auricular fibrillation is recognized by the complete absence of auditory evidence of the auricular contraction, accompanied by an extreme irregularity of the pulse, the beats and intervals varying from second to second. When the condition occurs before the age of thirty years it is not so serious as later, when it usually implies gradual heart failure. It is always a grave condition.

The rhythmical variation of the pulse, often found in young healthy adults and associated with respiration, even when accompanied by occasional reduplication of the second sound, is not evidence of disease.

The quick pulse accompanied by a rapid and forcible and excited action of the heart, with perhaps a systolic murmur, the result of emotion, is common when patients are under examination. If the patient is told to lie down and breathe slowly and deeply for a few minutes, the signs disappear. A rapid and unexpected examination of the pulse after the examination is over often clears up a doubtful case. On the other hand, a persistently rapid heart—if it can be ascertained apart from the nervous excitement of a medical examination—is a matter of much moment.

Cardio-pulmonary murmurs often disappear completely when the breath is held. They are often produced by the impact of the heart upon the lung during systole. They are heard at the apex, and closely resemble a mitral regurgitant murmur. The sound is superficial and high-pitched, and may also be heard in the axilla and even at the angle of the left scapula. That the sound is produced by the displacement of the air of the bronchi may be proved by instructing the patient to hold his breath after a deep inspiration. They often disappear when the horizontal position is assumed.

Changes in the pericardium produce false murmurs. They are generally short, sharp, localized, and superficial. A common situation is in the fifth or sixth left interspaces, and sometimes over the seventh rib, and in all cases close to the base of the ensiform cartilage.

Do not forget that in all cases of suspected valvular disease the heart should invariably be examined both in the standing and recumbent position.

It is a mistake to inform a patient when an abnormal or even

a diseased condition of the heart is found; it may, and probably will, alter his whole mental outlook for the rest of his life, which in nine cases out of ten will be rendered permanently miserable. A murmur, an irregularity, or an extra systole, of which he is unaware, may, after all, be really of little importance, but will, if he has been made acquainted with its existence, be exalted into an obsession.

Sir James Kingston Fowler published many years ago, in the Clinical Society's Transactions, the case of a man with aortic stenosis and regurgitation and mitral regurgitation, changes due to an attack of acute rheumatism with endocarditis, which occurred when he was a boy aged fourteen, who had worked for fifty-five years as a turner of wood at a treadle lathe, without a day's illness, and in whom compensation was still well maintained.

Importance of Observation of Details.—In these days of aseptic operations it is very easy to miss the delicate scar of an appendicitis or a gastroenterostomy operation, or such things as the marks made by the pressure of a truss, unless the light is very good. A great deal can often be learned from watching the patient dressing and undressing, but the whole value of an observation of this sort will be entirely negated if steps are not taken to prevent the examinee observing that any interest is taken in this part of the proceeding. As a rule, the malingerer is particularly ceremonious with regard to details, especially of this nature, and he will with much ostentation almost demand assistance in the removal of his clothes. The moral effect, however, of a searching examination is, as a rule, so beneficial that the process of dressing is carried out unaided. On two occasions, when it was perfectly obvious that confirmed malingerers were being dealt with, assistance to dress was flatly declined, and the unfortunate examinees, finding themselves in an awkward position, were compelled to throw up the sponge, accept the inevitable, and put on their clothes. All surgical bandages, etc., should be removed, for it will often be found that the most portentous dressings cover the most insignificant wounds; crutches and sticks, if used, should be temporarily taken away.

The following case illustrates in a striking way the quicksands of medical practice, the value of careful observation,

and the advisability in all cases of insisting upon the patient undressing:

E. F.—I was asked to examine a sailor, aged forty, who was alleged to be suffering from an injury to his right foot, for which he had been paid compensation for some considerable time. He showed no evidence of suffering from any disability connected with his foot, which was carefully wrapped in cotton-wool, tightly bandaged, and in a large slipper. There was a little redness on the outer edge of the foot, which was produced wholly by the quite unnecessary bandaging to which he subjected it.

Following my custom with a view to a complete examination, I asked him to undress. He took off his shirt and vest in a somewhat awkward manner, leaving the sleeves still covering his arms. I asked him to remove the sleeves, but he only took off one, leaving the right *in situ*. Noticing a surgical bandage peeping out from beneath the right, I insisted upon his entirely removing his vest and shirt, and a tight bandage round his arm above the elbow was disclosed. Under protest he removed a surgical bandage some 20 to 30 feet long. This covered an old ununited fracture of the arm-bone. When the bandage was off, the arm lay helpless at his side; indeed, the whole forearm from above the elbow was merely a useless flail-like appendage, and he had no power to bend his elbow in the slightest degree.

When he saw that I had discovered him, he was quite frank, and admitted that he was in the habit of deceiving medical men, when passing as a sailor, in the way he had attempted to lead me astray, by the simple device of refusing to take his shirt off his right arm.

His *modus operandi* when he was doing his work was as follows: He applied the surgical bandage very tightly round the ununited fracture above his elbow, so tightly that the bandage acted as a vice, and then he elevated his arm as a whole from his shoulder. It was perfectly marvellous the power he managed to exert with the arm in this condition. To show his capacity, he swung quite gaily by his injured arm only on my trapeze, a foot from the ground!

It appeared that eighteen years before, whilst in the navy, he sustained a compound fracture of the lower end of the right humerus, immediately above the elbow, by the bursting of a shell, and the bone had never united. A surgeon at Guy's Hospital wished to amputate the arm, but he declined and left the hospital. At the seat of the ununited fracture the circumference of the arm was not more than $1\frac{1}{2}$ inches, and the examining fingers could be interposed freely between the two ends of the ununited humerus—indeed, the arm gave one the impression that there was nothing but the skin uniting the arm and forearm. Yet this man, by means of a bandage which he applied very tightly, layer after layer, at the seat of the ununited fracture, had been able so to fix his upper arm that he had actually done hard, strenuous work as an able-bodied seaman for eighteen years.

It appeared that, before joining the various ships in which he had sailed, he had frequently to pass a medical examination, and he

boasted that he had been able to deceive from twenty-five to thirty doctors, and somewhat naively pointed out to me that his one difficulty was when he was asked to stretch both arms horizontally out in front. This, he explained, was one of the few movements he could not do, as the weight of the extended forearm was too great a strain to the ununited fracture, however tightly he applied the bandage, but that he had little difficulty in passing muster by raising both upper extremities to a right angle with his body, provided he was careful to place the thumb of the left hand beneath the thumb of the right before attempting to elevate his arms.

I do not think he held a very high opinion of the medical profession, for he told me he believed, if he lived to be eighty, no doctor would ever know—indeed, he had lately successfully emerged from a lawsuit in which he had got £40 from a County Court jury for damages for an accident “arising out of and in the course of his employment.” The “accident,” it appears, was the accidental breaking, during a storm, of the porthole of his berth at sea, and the subsequent wetting of his bed by sea-water. The jury decided that the “accident arose out of and in the course of his employment,” and he procured medical evidence to the effect that in consequence of this wetting he had contracted phthisis. Four medical men seem to have given evidence at the trial as to the condition of his chest, but no one seems to have been aware of his disability.

One could not help admiring his undoubted pluck, and sympathizing with his evident sense of the humour of the situation. He told me that he had acted as quartermaster at sea, that he had acted as driver of a hydraulic crane, and that he had on one occasion climbed a forty-foot pole. He was able to lift, he said, a three-hundredweight bag of cement with both hands, and could actually lift a hundred-weight with his right, injured arm. During the narration of his feats of strength, with some enthusiasm he offered to lift me with his right arm, his ability for which I accepted without the test being put to practical proof.

Case illustrating the Value of Detailed Examination.—The following case is related in its entirety, as it exemplifies many important points in the examination of a malingerer:

History—B. F.—The previous history of the man was briefly as follows: He had had an accident, and was examined by several well-known physicians for alleged traumatic neurasthenia. The insurance company concerned, after paying compensation for a time, declined to continue payment, and the case was brought before the County Court Judge, who with some hesitancy decided in the man's favour, awarding the applicant £1 a week. Subsequently, during the course of the next two years, he was seen by various doctors on behalf of the defendants; all had their suspicions, but decided there was insufficient evidence to ask for a review.

The fact that this man declined to allow his own doctor to examine him and report on behalf of the company, without first obtaining the

formal permission of his solicitors, was indicative of his mental outlook. The case was submitted to me two years after the accident, and, after reading the whole of the papers and taking careful notes of special points, I called upon the claimant without giving previous notice of the visit.

Examination.—He opened the door himself, and at once expressed surprise, and I think regret, that I had not given him notice. When he opened the door he was in his shirtsleeves. It may be remarked here that, after examining him, I made an excuse to enter his kitchen, and found that my visit had interrupted his cleaning the fender and fireirons—that, in fact, he was engaged in housework. He had obviously cooked a somewhat savoury supper, and seemed exceedingly annoyed at my referring to this fact; indeed, he intimated (perhaps with some truth) that my business was to examine him and not his circumstances, by which he meant I was to conduct a formal physical examination, without having any regard to the suspicions to which he had laid himself open.

He stated that his age was forty-four, the same age that he had given two years previously.

The circumstances of the accident having already been fully detailed by several medical men who had examined him, I inquired into them, but it appears unnecessary to set them out here. There was, however, this variation in his story—that he now said that his assistant witnessed the accident, whereas previously he had made no mention of this fact.

He was asked to strip, and I carefully examined his heart, lungs, liver, and stomach, all of which were perfectly healthy. His pulse was regular, his tongue was normal, perhaps a little white. Early in my examination he began to groan, but when I sharply called him to order he desisted. When the examination had lasted for ten minutes, whilst the examination of the front of his chest was taking place, his right hand began to shake visibly. I told him to stop it, but he would not; yet when I turned him round and examined the back of his chest, it was noticed the shaking at once ceased. At intervals during my examination he again resorted to this shaking, but as the examination progressed it gradually ceased.

Three times during the examination he deliberately attempted to make himself sick, and towards the end of the examination the sickness came on. He did not become pale, and it was not the sickness of disease, for after much retching the only result was a little watery fluid. This sickness was hysterical or intentional, for upon my steadily plying him with questions, even when he was retching, and showing him no sympathy, it rapidly subsided; indeed, I was fully persuaded it was not genuine, but a very clever piece of acting.

He stated that he never took "any food," but, upon my pressing him, he said he only took milk and eggs, and never touched meat. He said that he was often sick, and still had much diarrhoea, and that he was so nervous that sometimes, if a piece of paper flew past him in the road, it produced diarrhoea and sickness!

He was a strong, well-developed, muscular, somewhat plump individual, and after an examination which lasted an hour I could find no physical disease of any sort whatever; but there was the most abundant evidence that he was playing a part, and posing as an invalid in order that he might live in idleness. In short, my belief was that if this man had ever suffered from traumatic neurasthenia, he did not then so suffer, and that he was, in fact, a rank impostor.

He complained of extreme tenderness on both sides of his chest. On the right side he located it at a spot which he covered with the point of his thumb; the spot was marked. He was told to look in a different direction, and then asked to locate the spot again, but he failed to hit the same mark. The experiment was repeated a third time, and he again indicated a different locality.

On the left side of his chest he complained of pain over an area of 1 by 2 inches, warning me that very great care must be taken when that side of his body was touched, as it was painful; and when the most superficial touch, *not pressure*, was applied, he complained bitterly. He did not notice, and he was not told, that only a few minutes before, when examining his lungs, I had percussed very firmly the whole area he would now hardly let me touch. On endeavouring to ascertain if both sides expanded equally, I asked him to draw a long breath, and he pretended he could not without pain, although he had done so frequently before when I was using the stethoscope.

He had no nystagmus, the pupil, knee, and plantar reflexes were normal; but he somewhat naively pointed out that I should not be able to get the reflex from the right knee (remembering, no doubt, the observation of a former medical examiner that at the time of his examination that knee-jerk was absent); I was, however, able to demonstrate that on the occasion of my visit it was, in fact, present.

Romberg's test, it will be remembered, consists in asking the patient to stand with the feet close together and the eyes shut, and in observing whether he sways. This test had, of course, been tried on this man before, and when it was applied by me he immediately began to fall directly forwards; but upon my telling him that I should let him fall, he promptly pulled himself back without opening his eyes. Later, when the experiment was repeated, he pretended to fall backwards. While examining his eyes, he was for a third time placed under similar conditions, and, his attention being directed away from all questions of Romberg's test, he stood quite firmly. It was obvious he had no organic nerve disease.

With regard to his habits, he said he took very little alcohol, and only occasionally smoked a cigar.

He somewhat ostentatiously marked the time when my examination ceased, and, upon my drawing him out upon the subject, I found he took notes of everything.

He mentioned the name of his medical attendant, but upon my asking when he had last seen the doctor, he seemed to have no idea of the date.

It appeared that his wife went to work daily, whilst he, apparently, acted as housekeeper; he declined to give any further information with regard to her working capacity, but added that she had often lost her situation through having to stay at home to nurse him, which I suspected she would have been doing if he had had notice of my visit.

This man seemed very comfortably off, and told me that he had been away in Yorkshire for some months. He informed me that he wondered how many more doctors were coming to examine him; and when I told him that he would be examined from time to time, as the insurance company were entitled to insist upon such examinations under the provisions of the Workmen's Compensation Act, 1906, he suggested that the company would soon get tired of it, as they probably had to pay me very well for what I was doing!

He told me that he had many medical certificates to the effect that he would "probably never work again."

Shortly after this examination he was induced by the defence to enter a metropolitan hospital as an in-patient, but was not permitted by the authorities to stay any length of time.

Result.—A physician to a metropolitan hospital subsequently saw him in consultation, and entirely agreed with my opinion, and corroborated my evidence in Court. At the trial, after my evidence, the plaintiff was asked to give evidence in his own behalf, but he declined. The Judge, in giving judgment for the insurance company, said it was the most serious case he had ever had before him; that it was the grossest case of deliberate, fraudulent imposition he had ever seen; and he suggested that there ought to be some means of obtaining a return of the money which had been paid to the claimant.

When making examinations of presumed malingerers, always keep an accurate record of the tests made. These are very useful for production, should occasion arise, when your statements are questioned. Let your examination be thorough, and watch everything, however trivial it may appear. The most unexpected incident will sometimes give you the clue you are searching for. If any test is resisted, try another which, although apparently different, really has the same effect. If you have failed to get the result you require from a test, repeat it at a subsequent stage of the examination. Watch for the presence or absence of signs connected with one test, when the appropriate conditions are induced, while performing another. A man may know enough to wilfully sway while you are performing Romberg's test, but will forget to apply his knowledge if you produce the same conditions while testing his vision.

Malingerers are not so foolish as to come for medical exami-

nation without having considered beforehand how they shall counterfeit the disease they propose to suffer from. But even so, the interview is a contest in which a skilled and experienced investigator is pitted against an ignorant and crafty rogue, and in the long-run the issue should be certain.

Straws show how the wind blows. On two separate occasions, after examining plaintiffs, with the medical assessor, at the request of the Judge in his private room after a hearing, I have given the necessary turn in favour of the defendant by pointing out that, whilst the plaintiff declared he had a limp, the soles of his shoes were equally worn.

Success in medical examinations is in proportion to our knowledge of life. Life is made up of a number of little things which no one can afford to disregard; each separately may appear unimportant, but the significance of their sum total is immense.

Mr. Morley records a case where a "totally blind" dock labourer was led into the robing-room at a County Court for the purpose of being examined. He asked the man to remove his collar and tie to facilitate the examination. Distracting the man's attention, the doctor knocked the stud on to the floor. He then, with the ostensible object of testing the man's eyesight, dropped a match on the carpet and asked the patient to pick it up. This he professed to be unable to do, but when the examination was supposed to be over, and the man was replacing his collar, he picked up the stud with the greatest ease. With that act his claim for compensation disappeared.

A ruse which is sometimes effective, and may be tried as likely to produce interesting results, is to quietly knock a cap, belt, or tie-clip, off the chair or table upon which it has been put; a man with a stiff back, assuming the examination has been completed, sometimes forgets his supposed disability when retrieving the necessary part of his attire.

A Case showing the Importance of Minor Points.—The following case illustrates the important bearing that apparently minor points have upon the ultimate result. It was the aggressive and ostentatious way in which the workman asserted his complete inability to undress and dress himself which first aroused my suspicion.

History.—B. E., a stevedore, sixty-three years of age, while engaged, seven and a quarter years ago, stowing bales of jute on board ship, was injured by one of the bales striking him on the left leg; he also dislocated his left thumb. Four weeks later the doctor reported he was suffering from a bruise on the calf of the left leg, that the joint of the thumb was swollen and stiff, and the man would probably be well and fit to return to work in about eight weeks. In the same month an agreement was made between the man and the agents of the owners of the steamer that he should receive fifteen shillings a week during total incapacity. Apparently no improvement took place in the man's condition, and six months later he was again examined by the same doctor, who expressed the opinion that the man was exaggerating his injuries; the only sign of injury he could find was a slight thickening of the left thumb-joint. Eight weeks later he was again examined, and the doctor reported that, beyond the slight thickening of the left thumb-joint, there were no objective signs, and he was still of opinion that the man was exaggerating the pain which he stated he felt. Six months later his own doctor stated that the illness for which he was then attending was totally unconnected with the accident. Some negotiations for a lump-sum settlement took place about this time, but ultimately the weekly payments continued.

Five months later the man was examined by another doctor, who reported that he was incapacitated from working, and recommended certain massage and electrical treatment. The claimant was told that the owners were prepared to pay for the treatment suggested, provided he and his doctor approved. Further negotiations for a lump-sum settlement took place, and ultimately an offer of £150 was made, but it was declined, and therefore the weekly payments continued.

A year later the doctor for the shipping company reported that the man was in the same condition as when previously seen—viz., that there were no objective signs of injury to the leg, and that he seemed to have a poor grip with the left hand, the thumb of which he kept rigid. In the face of this report, the payments were continued; but the owners began to be doubtful as to the genuineness of the man's complaints, and he was sent to me for examination.

Examination.—He was a thick-set, healthy-looking workman, of superior appearance, with all his muscles in excellent condition. He walked with a decided limp, whether he used a stick or not. He insisted in an aggressive manner that his son should remain with him for the purpose of helping him undress. Indeed, had B. E. been an old man of ninety and his son his valet, his dependence could not have been more complete. I mention this, as it is of considerable interest in view of subsequent disclosures.

His complaints, seven and a quarter years after the accident, were—(1) that he was never out of pain; (2) that he did not sleep well; (3) that he had pain from the left heel up the back of the left leg right into the fork; (4) that every now and then his left leg was drawn

up, that he had pins and needles in the legs, and that he "dropped all of a lump"; (5) that he was "all of a shake" very often.

His left leg, with which he limped badly, showed no circumferential difference of measurement when compared with the right leg. It was obvious that if the pain, which he described as being "agonizing," were present, he would not have used the leg as freely as the right, that, in consequence, the muscles would have wasted, and this wasting would have been shown by measurement. It was noticeable that the complaint of agonizing pain was always mentioned in order to prevent any special examination; yet when, in spite of protest, the examination was carried out, there was no evidence, judging from his facial expression, that he was suffering. He was very unwilling to locate the exact position of the pain, but finally described it as running in a direction anatomically inconsistent with the course of the nerves; indeed, no known surgical or medical complaint could produce pain such as described.

On asking him to stand on tiptoes, he did so quite easily at first; but later, when I insisted upon his standing on the tiptoes of his left foot alone, he described the pain as excruciating, and said: "You may as well put a knife into me and end my troubles." He was asked to lie on his back while an attempt was made to examine the hip-joint, but he completely frustrated the examination by keeping the joint absolutely stiff. He described the manipulation as "inhuman," and I therefore desisted, though I was assured there was nothing wrong with him.

He described the pain in his arm as running in a direction in which there are no nerves or sinews which could possibly give rise to this, and on attempting to examine his shoulder he kept the joint so stiff that I had to relinquish the desired examination. His left hand he had kept stiff so long that possibly the fingers did move with difficulty, but he gave me no facility for testing this. He said it pained him very much when he tried to move the left thumb, and yet the muscles of this thumb were not wasted, as they must have been had the thumb been genuinely stiff for even six months, not to speak of seven years. In short, there was no evidence of wasting or disease in the whole arm.

When I put my hand in his and asked him to squeeze it, at the same time placing my other hand upon the muscles of his forearm, I discovered that he was deliberately not using these muscles. This, therefore, was an attempt to impress me with the fact that he had lost the power of the muscles of the forearm. Careful examination of the nervous system gave negative results. There was tremor of his hands, but this disappeared when they were held, suggesting that it was purely functional.

Now, what was this man's history during the last seven and a quarter years? He said he had attended hospital for three years and a half, and there was ample evidence of his having done so. During this period he must have seen dozens of house-surgeons; he had received 176 bottles of medicine, all those given for internal use being

quart bottles. This constant attendance of necessity gave him the official stamp of an invalid. On looking at his hospital cards (which he allowed me to inspect), I noticed that, so far back as three and three-quarter years before, there was a note, "no improvement under massage," and a further note by an eminent electrician to the effect, "muscles react normally; unsuitable for electricity."

He stated that he had eight children, some of whom were at home and helped to keep the house going, and that he had a wealthy relative in America who was in the habit of sending him two or three hundred dollars at a time. Here was a man of sixty-three, who had had an accident, had received compensation for many years, was well dressed, and obviously comfortably off, and very naturally did not wish to begin stevedore's work again after such a lapse of time. The opinion I formed was that he was suffering either from functional nervous disease, in which case he had tutored himself into the genuine belief that his left leg and left arm had at one time been injured and were still useless, or that he was a rank impostor. Difficult as it is to believe that a man of his respectable appearance and of his age would deliberately and intentionally pretend illness which he did not suffer from, I came to the conclusion that it was so in this case, and that B. E. had been imposing on his employers for years.

After the examination, prior to his leaving, he handed me an envelope containing seven postcards, with some printed matter on each about himself. The photographs depicted him in various attitudes of diving and swimming. As the letterpress indicated that B. E. did this daily, I elicited the fact that as recently as the previous day he had enjoyed his daily bath and swim, it being his practice to take a header from the edge, and to swim 50 feet across the bath, and presumably back again. One of the illustrations showed him swimming on his side, and when I pointed this out to him he explained—seeing presumably that his admissions were a mistake—that he really only used his left hand very little. The suggestion, of course, was preposterous, but, assuming for the sake of argument that it were true, if his left hip was anything like as stiff as it appeared at my examination, he must indeed have been an expert swimmer to keep himself afloat.

Shortly afterwards, at my instigation, his left shoulder, left elbow, left and right hips, were all X-rayed and found normal. During the examination he moved more than once in an endeavour to prevent a proper photograph being taken. His medical attendant informed me that, in his opinion, there was nothing organically wrong with the claimant. There was a history of his having some ten years previously obtained a considerable sum of damages in the Law Courts for an alleged injury to the same leg, his complaint then being the same as on the present occasion.

On receipt of my report, his employers told me it was "a revelation" to them, and expressed surprise at the consistent manner in which he had for so long a period been able to produce certificates of inability from so many medical men.

It was ascertained that B. E. was in the habit of going to a bath in the East End to swim, and accordingly he was watched, and as a result the detective reported that he had *seen him diving and swimming, and, moreover, that he both dressed and undressed himself!*

In view of the above facts, the owners stopped the weekly payments. Accordingly the man applied to the Court for leave to issue execution against the owners for non-payment of the weekly amounts due under the agreement already referred to; but meanwhile the owners had filed an application to the Court for leave to terminate on the ground that the man was not suffering as he alleged, and therefore the man's application was postponed. On the matter going before the Judge at the County Court, the above facts were proved, the owners' case being that the man was a malingerer; but at the instigation of the claimant's counsel an adjournment was allowed for the man's son, and also the attendant at the swimming-baths, to be called on his behalf. At the adjourned hearing the owners were able to show satisfactorily that not only did this man swim, but on three occasions he had been seen riding a bicycle; on one of these occasions, some months previously, he was knocked down by the motor-car belonging to a medical man, and had been medically attended by this doctor, for the injury then received, for many weeks. The Judge, who was assisted by a medical referee, decided that the man wilfully misrepresented and exaggerated, not only his symptoms, but the various facts connected with this case; that the limp, which he alleged resulted from the accident on board ship, was a habit, and that the man had in fact recovered. He therefore made an award, terminating the weekly payments as from the date of my examination. He had received from the date of the accident to the time of the decision about £290!

Suspicion aroused by Vague Statements of Alleged Pains during Examination.—It will generally be found that the more honest the patient is, the more clear-cut are his statements and his description; whereas, if he is trying to deceive, it will be found difficult to pin him down clearly to any definite statement. If asked, for example, where the pain is felt, he will move his whole hand vaguely over a wide area, and will only with difficulty be induced to put one finger on the spot. A feature of lying is that it requires a very good memory, and, knowing this, the malingerer naturally tries to make his tale as indefinite as possible, so as to lessen the strain on his memory. He will, moreover, always try to look at the spot complained of; this should be avoided either by making him turn his eyes away, or, more safely, by bandaging them.

Much experience helps one instinctively to suspect those who are attempting to exaggerate their complaints. In the

case of the malingerer there is a want of frankness, an inability to look one straight in the face, often an indefiniteness as to the alleged disabilities, and a superabundant indication of the alleged agonizing pain by the groaning which accompanies it—manifestations which, curiously enough, can often be stopped by a little firmness on the part of the examiner.

Incapacity due to Causes Other than Alleged Accident.—A claimant often has much which he wishes to conceal, much which he is prone to exaggerate.

History.—A. W., a labourer, aged twenty-two, alleged that whilst near Wandsworth Bridge another tramcar collided with that in which he was a passenger, and that the impact caused the opening up of an old abscess.

Examination.—A fortnight after the alleged occurrence he was sent to me for examination and report. On examining the alleged injury, and inquiring into the facts of the case, I ascertained that twenty days previous to the “accident” he had been operated upon for fistula. The operation wound was still unhealed, and no objective signs of an accident being discoverable it was considered that the claim was fraudulent.

Result.—The defendants refused to pay any damages, denying liability, and the claim was dropped.

A. X., a lady who had met with a trifling accident some three or four years prior to my seeing her, had, from first to last, been examined by no less than nine doctors. I was consulted a few days before the trial, with a view to giving evidence in the High Court. I reported that she was obviously ill medically, but was not suffering as the result of any accident. A few days later the case was settled out of Court, and the lady wrote me saying that now the claim was settled she would like to know if I had been astute enough to see through her case, kindly adding that she believed I had done so. My curiosity was aroused, and I took the unusual course of calling upon her, when she confessed that at the date of my examination she was convalescing from typhoid fever, the knowledge of which she had suppressed from everyone but her own doctor.

Where head injury and cerebral symptoms co-exist, it is of great importance to decide which was the cause and which the result of the other. The following case will illustrate this point:

E. G. was sent to me for examination and report; he was said to be suffering from concussion of the brain, the result of head injury from a fall whilst on duty. He complained of intense headache, lasting many weeks; he had hemianopsia, intolerance to light, etc. Careful inquiry into his previous history showed that he was liable to the

most severe attacks of migraine; that these came on at irregular intervals, and were so intense as to utterly prostrate him for days at a time. The severity of the symptoms appeared markedly out of proportion to the amount of injury likely to be received from the nature of the accident. After three months he recovered and returned to work.

Seven months later he was again seized with similar symptoms, but this time there was no accident. Dr. Harris, who saw him in consultation with his medical attendant, was of opinion that the second attack was due to a thrombosis in one of the vessels of the occipital lobe in the neighbourhood of the vision centre.

The second illness was characterized by severe cerebral symptoms which lasted many months; he was allowed long leave of absence, and eventually, after eight months, returned to work. I arranged that during the first month he should work only half the day; during the second month, in addition, he should do two whole days' work a week; after which he resumed full duty, and has kept well ever since.

The temptation to report the first illness as an accident was great, but the fall was the result, not the cause, of the condition.

Incapacity wholly unconnected with Alleged Traumatism.—

In the following cases, in which the inability to work was alleged to follow traumatism, examination showed that the incapacity was due to a cause wholly unconnected with any accident.

History.—A. Y., a labourer, alleged that, after lifting seventeen heavy cases on to a van, he suddenly felt a pain at the right groin, dropped unconscious, and was taken to a hospital. He was fitted with a truss at the expense of his employers, placed on compensation for seven weeks, and then resumed light work as messenger. Three and a half months later he was transferred to his old work, but after a day and a half he said he could not lift even a light package without pain, and refused to continue work.

Medical Examination.—Nine and a half months after the alleged strain he was sent to me by his employers for an opinion as to whether, when wearing a truss, it was safe and proper for him to work as a labourer.

The inguinal canal on both sides was large, but no bowel protruded. He was asked to cough and jump on his heels (both of which actions as a rule bring down herniæ which are only temporarily replaced); not only did no hernia descend, but on inserting the finger into the canal no bulging of the bowel, and therefore no tenderness towards hernia, could be felt. This, of course, did not conclusively demonstrate that no hernia had ever descended, but the physical appearances made me suspicious; for even if one admitted that at one time the man had had a hernia, it was obvious it was not present now, and I was at a loss to understand why he should insist he was unfit for work.

I subjected him, therefore, to further examination, in the hope of finding the real reason of his refusal to work. He turned out to be practically blind, owing to nystagmus. On careful examination of his eyes, I discovered that with each eye separately he could only read letters three-quarters of an inch in height at a distance of a foot and a half, and that with both eyes he read letters of this size no farther than a yard! He was, in fact, wholly unfit for any work except that performed in an asylum for the blind.

Result.—Proceedings were instituted by the claimant, but the Judge dismissed the claim on hearing my evidence.

A. Z. claimed under the Workmen's Compensation Act against his employers, a Metropolitan Borough Council, on the ground that whilst repairing a valve attached to a flushing-cart the horse started, throwing him off, so that he fell on his back and loins. He continued his work for half an hour, but had done no work since.

Examination.—Three months after the accident I was asked by the Borough Council to examine him in the presence of his own doctor, in conjunction with another medical man who had previously examined him.

He told me he was unable to work on account of the injury to his back, complaining that the whole of his back from the neck to the hips was affected.

During the course of careful examination I asked him to indicate, with one hand only, the area of the back that was still painful, and, although uncertain at first, he eventually located a definite area, which I marked on the skin with a red pencil; later, when again asked to indicate the same spot with the other hand, he pointed to a different area, which I marked with a blue pencil. Upon further examination he complained bitterly when the lightest touch was applied many inches away from either of the spots originally marked.

When the spine is diseased or injured, Nature tries to repair it by keeping the spinal joints stiff, movement being injurious and painful. A. Z. was asked to stoop several times, and as he raised himself on each occasion I pressed deeply between the successive spinal vertebrae, with the result that all moved freely, showing that pain did not exist at the areas alleged.

When asked to stand with his feet close together, whilst the upper part of his body was twisted from side to side, he complained of no pain. All reflexes were normal; therefore, as far as spinal injury was concerned, he was perfectly fit for work.

Examination of his heart showed old-standing disease of both the aortic and mitral valves, with enlargement of the heart. One of the medical men present remarked that he had attended A. Z. for this condition twelve years previously. Although the cardiac condition was well marked, it did not appear probable that it was solely on this account he wished to make the occurrence of the accident a reason for not returning to work, because the condition showed no evidence of recent increase, and obviously he had been working for many years with his heart in its crippled state.

This was a difficult man to examine, for he was of the aggressive type—indeed, early in the examination he tried to browbeat me when ordinary tests were applied; but it was pointed out to him that, in accordance with the terms of the Workmen's Compensation Act, under which he had been receiving a weekly allowance for three months, he was bound to submit himself to medical examination, and that if he obstructed the examination his half-wages would cease in accordance with the provisions of the Act. He therefore allowed me to proceed with the examination, until I asked him to divest himself of his trousers. This at first he absolutely refused to do. Ultimately, after considerable waste of time, and after I had appealed to his medical man, A. Z. exposed to view a condition of affairs which fully explained his mental attitude with regard to return to work. His left leg was deformed, the condition being what is known as talipes equino-varus, and on the shin there was a large, ulcerating, discharging wound, obviously connected with diseased bone. This was ample explanation of his alleged inability to work. Being assured that he was a deliberate malingerer (as far as his back was concerned), I advised the Borough Council to repudiate all liability in connection with the alleged accident.

Result.—Four months later I was informed that the claimant was taking his case to Court, and I was asked to give evidence at the arbitration proceedings, fixed to take place in ten days' time. However, three days before the date fixed the applicant withdrew his claim.

The foregoing was a mixed case of "suppressio veri" and "suggestio falsi." The next is a pure case of the former.

B. A., an employee in a large public body, was sent to me to consider the question of the termination of his engagement on account of alleged incapacity, caused by an ulcer in his leg which would not heal. At the examination he pulled down the stocking from his *left* leg, showing me a large healed ulcer; he protested that it had not, and did not, prevent his doing his work, and he seemed quite pleased and relieved when he was told that there was no necessity to take any action. As I bent over him, however, I recognized a peculiar musty smell, characteristic of an old-standing ulcer, and he was told to expose the whole of his *right* leg, when the largest unhealed ulcer I have ever seen was exposed to view! It covered an area of between a quarter and half a square foot, and he admitted it had been unhealed for twenty-two years. It must obviously for a long time have prevented him doing his work efficiently.

Abortion alleged to be due to Traumatism.—A case was sent to me in which I suspected that a woman with the help of an abortionist had criminally procured abortion. Her husband was very angry, and evidently had some suspicion of what had occurred. In order to divert his suspicions, the

woman said that she believed the miscarriage was caused by an accident that had happened to her a short time before. The family doctor was much concerned, for I believe the woman had confessed the real facts of the case to him, but had not told her husband, who, in ignorance of the truth, was bringing an action against the people who would be liable for any such accident as that alleged.

B. B. stated that, being in a crowded vehicle, some slight collision occurred, and she was knocked up against someone near her, and had rather a fright. Immediately after the so-called accident she appears to have walked to a friend's house at some distance. Ten days after this she had the miscarriage. She was emphatic in stating that she did not think it was physical injury which had produced the miscarriage, but the fright to which she had been subjected by the crowd. She also said that the accident did not upset her, and that she had not thought of it again except when she entered an omnibus or car, or spoke to someone about it.

Apparently she did not tell her husband anything about the miscarriage, and when he discovered what had taken place she declined to send for a doctor. It was not until three days later, when the husband insisted upon having a doctor, that she sent for Dr. X. After a few days in bed she went to stay with friends.

When about to make my examination, I wrote asking the doctor to meet me at the patient's house at a certain hour, but he did not do so, although his house was quite near. On my visiting the lady alone, she told me that her husband was bringing an action (*against her wish*), because he could not account for the miscarriage in any other way than by the accident. The claim was for quite a small sum.

I had a good deal of difficulty in securing an interview with the family doctor, and when at last I succeeded in meeting him, I put it to him that he "had received a confidence" from the lady, and he admitted it, adding he would be very glad of help. Later in the interview, however, I found that he was prepared to swear that *the lady* attributed the miscarriage to the jostling and fright which she had suffered ten days before, and that he knew no more about the matter. From this position nothing could dislodge him. As I left the house he remarked: "When Scot meets Scot..."

The salient points to be remarked in this case were—

1. The lady expressed no regret at the miscarriage, although it was her first pregnancy.
2. She had not any of the usual spirit of revenge which would actuate most women under similar circumstances.
3. She admitted that at first she did not tell her husband anything about it.
4. It was her husband who insisted upon having the doctor.
5. She only remained in bed a few days, and then went to stay with some friends.

6. Her husband was angry, but was only making a small claim.
7. The lady remarked to me when I entered the room that she "did not like claims."
8. Her doctor endeavoured to avoid meeting me, but when escape was impossible he tried hard to have the woman present at the interview.
9. The doctor's attitude and admissions were very significant, especially his allusion to "When Scot meets Scot."

Result.—The obvious inference to be drawn and insisted upon was that the case was a suspicious one; and upon the claim being resisted it was abandoned.

Danger of ignoring Genuine Trifling Disability in Gross Exaggeration.—One of the most frequent pitfalls for those who are not accustomed to deal with medico-legal matters, is the class of cases in which there is a genuine but trifling injury which is so exaggerated that the matter amounts to malingering. The contrast between the insignificance of what is actually present and the gross deception attempted by the claimant not infrequently ends in the trifling disability being entirely ignored, while the fraud is ruthlessly exposed. This is a fatal error. If the case comes to Court, the accident will be proved; subsequent attendance at the out-patients' department of a hospital will, with very little difficulty, be established; the man's conduct immediately after the accident will be testified to by his friends; and, to crown all, the fact that his employer was paying him half-wages at the time of, and after, the medical examination, will satisfy the Court that there was at some time an injury of some sort. Assuming, in these circumstances, that the medical examiner *was* correct in saying that the plaintiff was malingering at the time of the examination, yet if he ignores the fact that the claimant even then had still some slight disability, what chance will the examiner have of establishing his case if the above chain of evidence is completed against him?

In a case of this sort there is only one safe line of action, and that is frankly to admit that some sort of injury may have, or did, exist, stating that at the time of the medical examination practically all traces save the memory of it had disappeared, and that the fact that the patient had had an accident so influenced him at the time of the examination that he was attempting to deceive by magnifying what could not be more than a trifle.

Medical Examination of Women the Subjects of Accidents.—

The physiology and psychology of her sex often makes the medical examination of a woman peculiarly difficult. When she is ill, or thinks so, she is apt to be hypersensitive, sometimes loses her sense of perspective and proportion, while occasionally she is almost irresponsible.

The feminine nervous system is much more unstable, and can stand strain less than that of men. Physically there is less reserve; as a result, when injured, the feminine method of expressing sensations and emotions is not always easily understood. Most men, for instance, intuitively understand the connection between cause and effect, but many women seem to blind themselves to this, and think things must turn out as they hope; hence the necessity for great care, infinite patience, and an impenetrable reserve during the medical examination.

Fraudulent Use of Thermometer.—It should not be forgotten that occasionally the mercury in a thermometer may be raised by friction in the armpit, or its application to a hot-water bottle or hot fomentation. This is quite an exceptional thing, but many cases of this sort have been recorded in hospital practice where hysterical girls are being dealt with.

Simulation of Jaundice.—This is a rare form of malingering. Several cases are, however, mentioned by Dargein as having occurred amongst soldiers in France (*Arch. de Méd.*, Paris, 1912, xcviii., 303-309).

Picric acid (5 to 10 centigrammes taken by the mouth thrice a day in pill or solution) causes the skin to become yellow, and the urine dark red; the condition may be mistaken for jaundice. Stuart Rose reports a case (*Scottish Medical and Surgical Journal*, December, 1903) in which the skin became yellow and the urine dark as the result of the poisonous effect of an ointment of picric acid. A very little care is sufficient to prevent a faulty diagnosis, as the only points of resemblance are those mentioned above. The administration of picric acid does not give rise to any of the other signs or symptoms of jaundice, such as itching, slow pulse, presence of bile in urine, and its absence from the stools. Picric acid can be recognized in the urine where it is the cause of the condition.

The directions for the detection of picric acid in the urine are to render it alkaline and add a solution of potassium cyanide (1 in 5). On heating, the mixture yields a deep purplish-blue tint. Another test is to shake up a sample of the urine with twice its volume of ether, whereupon the latter acquires a yellow hue. If a strip of white wool be steeped therein, it is dyed yellow, and the colour cannot be removed by washing. If the dyed wool is dipped in a solution of ammonium sulphide, it turns red.

It should be remembered that the internal use of picric acid may induce a true jaundice by causing acute gastro-intestinal catarrh.

The internal administration of picric acid is not likely to become a usual form of malingering, for it is easily diagnosed, and is not unaccompanied by risk to those who attempt it.

The following recipe mentioned by a French physician is not likely to become popular. "Put," he says, "50 grammes of tobacco in oil, dry it, and then pass the night smoking." It appears that "a day or two after a golden-yellow colour invades the integuments and conjunctiva; the pulse is small, the stools are not discoloured, the yellow colour is long in disappearing." Anyone who could all night smoke tobacco soaked in oil might well bear with equanimity the symptoms above described, which are probably those of acute catarrhal jaundice.

Pyrogallie acid, lead, and chloroform, sometimes produce yellowness of the skin, but have never, as far as I am aware, been used with fraudulent intent.

Youthful Claimants.—In considering the value of a history, the influence of age is important. I have invariably found that children are by far the most honest claimants.

When an insurance company sends me a little boy or girl to examine and report on, I am always pleased, for they seldom lie to a doctor, or, should they do so, are easily caught out—especially if their parents are resolutely forbidden to interfere or to coach at the interview.

B. G.—I well remember a fine little fellow whose parents were claiming £1,400 for serious injuries done to the boy's head. He was supposed to be mentally defective in consequence of the head injury, for which he had been trephined. I tried him with vulgar fractions ;

this, apparently, was his *forte*. His spelling he was proud of. He distressed his mother by the way he showed off his general intelligence. Finally, when I asked him which eight had won the Boat Race this year and the year before, he fairly scoffed at my ignorance. I verily believe he knew the last Derby winner. The mother was very angry—but she accepted £250.

The Value of Reticence.—In dealing with an obvious malingerer, the temptation to show that you are aware when a fraudulent attempt is being made is sometimes great; but it should be remembered that in the event of your giving way to it, and of arbitration proceedings ensuing, it will be assumed that your attitude is antagonistic, and elaborate preparation will be made for treating you as a hostile witness. For many years I was in the habit of saying candidly what I thought, and let working-men whom I examined have no doubt about my faith or want of faith in them; but I found this outspoken method on the whole unsatisfactory, for the client reported my attitude to the solicitor, the solicitor to the barrister, and, instead of the ordinary fair cross-examination which one likes and expects in every case, one was met with innuendoes of unfairness, suggestions of bias, and open hostility.

During the examination, therefore, a sphinx-like attitude of detachment, and a judicious concealment of one's view, is the wiser course. It may be a little difficult, but this should extend even to the suppression of any satisfaction one may have in discovering and exposing a fraudulent claim.

Another reason why one should not give an opinion as the result of the medico-legal examination is that a dishonest man, knowing that the symptoms of a feigned disease are recognized as spurious, will be prepared with a fresh set of symptoms for the trial.

Use of Anæsthetic as an Aid to Diagnosis.—The value of administering an anæsthetic in order to differentiate voluntary from involuntary muscular contraction is obvious. The only difficulty is in obtaining the plaintiff's consent, for one who is attempting fraud will probably refuse to take an anæsthetic. It is, however, unjust to assume that a refusal implies guilt, for everyone knows that the administration of a general anæsthetic is not free from risk.

In the army it has been successfully used as a means of

diagnosis in cases of assumed mutism after alleged shell shock. Colonel McLaughlin, late R.A.M.C., reports five cases of sudden loss of speech alleged to be due to shock. He kept them under ether for half an hour, and all had "plenty to say" on recovery.

E. H.—In December, 1909, a milkman, as the result of a fall in the course of his employment, injured his left wrist. He attended at a hospital and was X-rayed. Six weeks later the wrist, which had become stiff, was examined under an anæsthetic, when it moved freely, but at once became stiff when the effect of the anæsthetic passed off. He was paid weekly compensation for a month. Four months after the accident the case came before the County Court Judge, and an award was claimed for half-wages. A medical man who had given a certificate that he was suffering from fracture of the wrist stated that he was unable to work. The employer tendered evidence that an X-ray photograph showed that there never had been a fracture, and that three months previously the wrist was freely movable under an anæsthetic, and that it was stiff now only because plaintiff resisted all movement.

The County Court Judge stated that he thought the workman was shamming, and was then, and had been for a long time, at all events ever since Christmas, fully able to work and earn full wages, and that the sums already paid by the employers were sufficient to satisfy all claims under the Act. The workman appealed against this decision. His counsel, having read the evidence given before the County Court Judge, submitted that there was no evidence upon which the Judge could have found as he did. Counsel for the employers were not called upon, the Master of the Rolls stating that the appeal was hopeless, and, the other Lords Justices agreeing, the appeal was dismissed (*Roberts v. Benham*, 3 B.W.C.C., 430).

Although in the following case the anæsthetic was never actually administered, its value as a means of diagnosis is clearly demonstrated.

C. R. stated that whilst unloading a ship he injured his left knee. There were no physical signs as the result of his alleged accident. He had suffered from varicose veins for many years; this he admitted. He refused to bend his joint except to a very slight degree, asserting that even this caused him intense pain. I therefore had both knees X-rayed, with negative results. Later, he was induced to consent to be put under an anæsthetic. When he had been suitably prepared by fasting and was in sight of the couch and apparatus, it was explained to him that if he could now bend his knee the anæsthetic would be unnecessary. This he did at once voluntarily, flexing the knee so that the calf pressed on his hamstrings!

He was then asked to stand upon a chair, and to get on to it by

putting his left (injured) leg first on the chair. He did so, and thus raised his whole body (more than 11 stone) on his injured knee without complaint !

The Chief Essentials of a Medical Report.—It is always to be remembered that those who want the report are business men, and they expect—indeed, they can only understand—a statement which is business-like. The medical report must be clear, decided, accurate, unbiassed, and expressed in non-technical language. All the facts should be set out ; there should be no redundancy ; and, other things being equal, the shorter and more concise the report the better. It should never be forgotten that any statement may be challenged in the witness-box when under cross-examination, and that, therefore, in stating opinions one must be prepared to give the grounds on which they are formed. We must always bear in mind that we are not partisans, and that our mental attitude must be a judicial one.

It is impossible to suggest a definite formula suitable for reporting on all medico-legal cases. As a rule, however, points referable to the undermentioned headings should be touched upon, and in the order given.

Name.

Age.

Address.

Occupation.

Date of accident.

Documents submitted, of which the following are relevant and have been perused.

Deductions from these documents.

Statement made by claimant as to history of accident.

Present complaints (these should be stated categorically, and numbered, in the order in which they are made).

Facts ascertained as the result of examination.

Results of examination which are negative (such as heart, lungs, usual nerve reflexes, etc.).

General conclusions drawn from examination (which should always include a statement as to the claimant's capacity or incapacity, present or future).

The Medical Report a Privileged Document.—The expression "privileged document" is a technical legal phrase which refers to the rights of parties in an action to inspect documents which are relevant to the issues in an action. Each

party is entitled to see any documents in the "possession, custody or power" of the other, *provided* it is not "privileged." Privileged documents are those which come into existence for the purpose of assisting the parties to conduct their cases, such as a client's instructions to his solicitor, the solicitor's instructions to Counsel, and communications with witnesses.

It also includes any matter which can be shown to have been obtained for the purposes of an action, *or in the belief that litigation may ensue.*

The author has found it useful to have the following formula printed at the head of notepaper used for writing medico-legal reports:

"This Report is made in the *bona fide* belief that litigation may ensue, and solely for that reason, and for the purpose of furnishing to the Manager, Solicitor, or Secretary to the Corporation or Company information which may lead to the obtaining of evidence to be used in anticipated litigation, and to enable him to conduct such litigation, and to advise the Corporation or Company whether to defend such litigation, and otherwise advise the Corporation or Company in reference thereto."

Technical Language Inappropriate.—Insurance companies are not accustomed to technical medical terms, and reports addressed to them should be in plain, business-like language. They know how to deal with the gentleman who attempts mystification by saying that "nephrolithiasis has induced a condition of pyonephrosis," when he really means that a kidney is being worried by a stone in its inside. I have before me a long report from a young consultant, in four pages of which he gives details of the result of his physical examination, in which he states that diplopia and nystagmus were absent, that Romberg's sign was negative, that the plantar response was definitely flexor, that the rotatory test for cerebellar trouble gave negative results, and that there was no "dysdiadokokinesia." In forwarding his report to the company, I indicated that all the first four pages of close type amounted to was that there were no physical signs of disease. This, I take it, was much more to the liking of busy business people, who are neither interested in nor impressed by technicalities.

The word "traumatism," which expresses a general condi-

tion, should never be used in the sense of "trauma," which should be used solely as indicating a local lesion.

Pyorrhœa Alveolaris.—If the patient is suffering from pyorrhœa alveolaris, this should be stated in the report and explained.

A septic condition of the mouth, if not solely accountable for, is a very common contributory cause of, many of the conditions which are classed under the term "rheumatism." It certainly is the case that recovery from the effects of an accident is frequently delayed by the presence of the septic absorption of pyorrhœa alveolaris. Therefore in all cases of traumatism look for this possible source of retarded recovery.

The condition into which the working-classes allow their teeth to degenerate is deplorable. Pyorrhœa and gingivitis seem to be rather the rule than the exception. Front teeth which must have been loose from the presence of tartar are not infrequently said to be in this condition as the result of an accident.

The appearance of the whole mouth, and of teeth which are more or less loose, and of which the patient is heedless, will assist in the diagnosis.

Previous Reports, etc., of the Case should be studied before Examining.—Several insurance companies, when sending cases for medical examination, are in the habit of supplying a complete set of all the correspondence, medical certificates, etc. It is a good plan to scan the whole correspondence; one at least gains knowledge of the attitude of the parties towards each other. If a huge volume of letters and reports has accumulated, it may very well at first sight deter a busy man from the task; but experience teaches that the insight gained is well worth the trouble, which really is not great, for with a little practice the knack of eliminating the unessential is soon gained.

The opportunity of studying former medical reports should never be neglected; indeed, if these are not supplied, they should be asked for. Many claimants of the dishonest type progress in their knowledge of their alleged complaint as examination follows examination. To be forewarned, therefore, is to be forearmed. It is very useful, for instance, to know that symptoms complained of at former dates are now forgotten,

or that disabilities said to be severe months previously are now replaced by others of a totally different nature.

In few things does the old adage, "What is worth doing at all is worth doing well," better apply than in the medical examination of a claimant who is seeking damages for personal injury.

Statement as to Expectation of Life.—Some insurance companies ask the medical examiner to give an opinion as to the expectation of life. To those who are not accustomed to make examinations for life insurance companies, this presents some difficulty. I have found the following rough rule-of-thumb calculation, which was given to me by a well-known medical examiner for an important life insurance company, very useful:

Take the difference between the man's actual age and 90; halve the result; add the number obtained to his actual age; the result is the age to which he may be expected to live.

For example: A. B. is 40; the difference between 40 and 90 is 50; half 50 is 25; 40 plus 25 is 65.

Copy all Reports.—It is always advisable to retain an exact copy of all reports on medico-legal cases. This can be done with great ease by means of one of the many devices to be found in the market; the best, perhaps, is a thin duplicating paper, suitable for use with any typewriter. Where a typewriter is not used, carbon papers suitable for pen and ink work can be procured.

Diagrams accompanying Report.—The difficulty of helping the laity to visualize the exact situation and character of an injury or the position of alleged pain is best got over by a rough drawing on the report form. The author has, when writing reports, been in the habit of using outlines of the human body in which the more important bones, joints, etc., are numbered; the numbers correspond to their names set out in the margin (see Figs. 1, 2). This guide is especially useful when one must refer to certain bones, etc.

If it is a question of an injury to a limb, its healthy fellow should *always* be compared with it. Actual measurements of both sides at corresponding points should be taken. If it is a

- T Temporal Bone
- 8 Lower Jaw
- 12 Clavicle (or collar bone)
- 13 Scapula (or blade bone)
- S Sternum (or breast bone)
- 14 Humerus
- 2-10 Ribs (the two floating ribs are not seen in front)
- 18 Sacrum
- 19 Coccyx
- 16 Ulna
- 15 Radius
- 25 Carpus (or wrist)
- 26 Metacarpals
- 27 Phalanges
- 17 Ilium (or haunch bone)
- 30 Trochanter
- 26 Neck of Thigh bone.
- 21 Thigh bone.
- A, B, C, D, E, Lumbar Vertebrae.
- 22 Patella (or knee cap)
- 24 Fibula (or brooch bone).
- 40 Metatarsals
- 41 Phalanges.
- 23 Tibia.

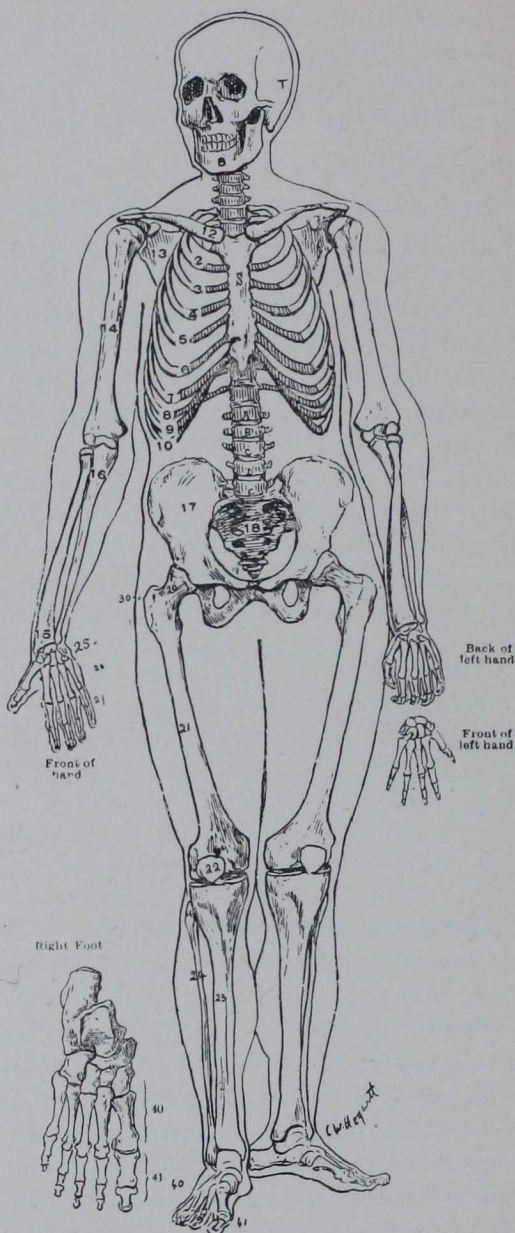


FIG. 1.

7 Scapula (Shoulder blade).

2 Humerus (arm bone)

1, 5, 7, 9, 11, Ribs.

3 Olecranon.

A, B, C, D, E, Lumbar
(loin) vertebræ.

4 Ulna.

5 Radius

6 Wrist bones.

F Ilium (haunch bone)

K Neck of thigh bone

H Thigh bone.

N N Condyles of thigh
bone.

Q Fibula (brooch bone).

P Tibia (shin bone)

S Seat of Potts fracture in
brooch bone.

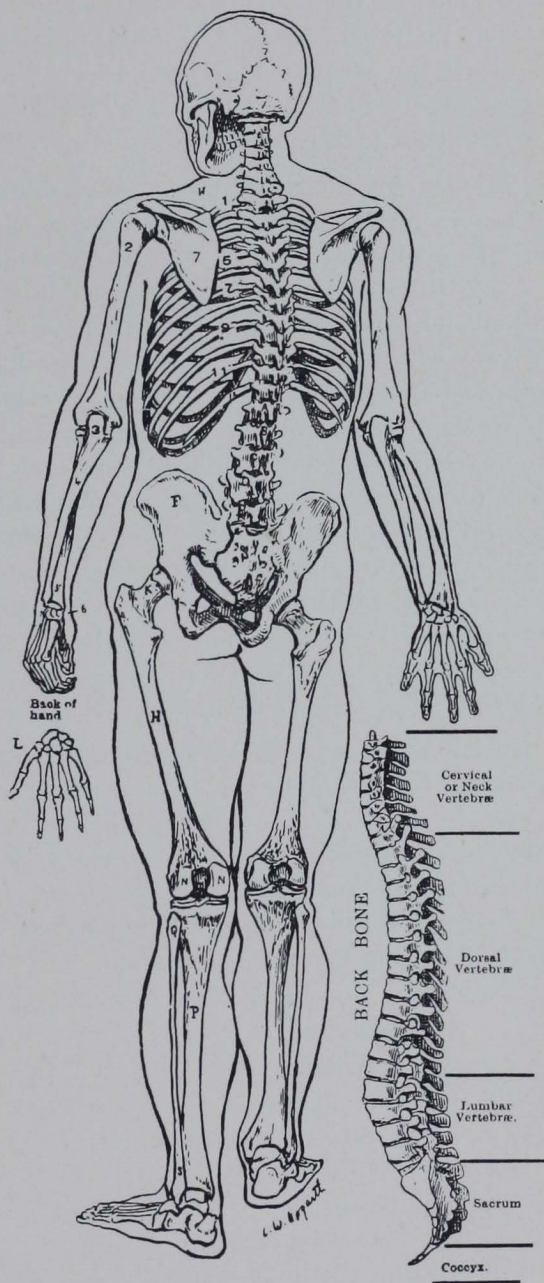


FIG. 2.

question of the limitation of the movement of a joint, the actual degree of movement which the patient declares possible should be noted. If it is a question of pain, the patient should indicate the exact spot where he feels the pain, and the exact lines upon which it radiates; all these should be put on a diagram for future reference.

Inquiry by Claimant as to Advisability of Operation.—It occasionally happens that an employee who is being examined by the medical referee of an insurance company asks at the time of the examination, or subsequently in writing, whether in the opinion of the examiner a certain surgical procedure which his doctor proposes to adopt is advisable. In cases where it is perfectly obvious that this is the right course, there is the temptation to reply to this effect. To do so, however, would be a mistake; for, in the event of an unfavourable result, either the patient himself, or if he dies his survivors, are not unlikely to associate the unsuccessful result with the advice given, and to use this when claiming damages. The safer course in all cases is to give a non-committal reply, to the effect that "the examiner has no reason to doubt that the claimant may have every confidence in following any course which his doctor may deem advisable in his case."

Instruments required at Examination from Home.—When the medical examiner is asked to conduct an examination away from his own consulting-rooms, it is well for him to have with him a few of the instruments necessary for diagnosis. The following list comprises those I have found most useful, and which I take with me when called upon to examine a medico-legal case away from home.

1. Small faradic battery, with break key in one of the electrodes.
2. Stethoscope.
3. Ophthalmoscope.
4. Plain mirror for retinoscopy.
5. Aural specula.
6. Tuning-fork.
7. A treble-wick candle.
8. Ordinary tape measure.
9. Nasal speculum.

10. Sheet of Snellen's test-types for distant vision, unmounted.
11. Test-types for near vision (Professor E. Jaeger's or Snellen's).
12. Set of red, blue, and green pencils for marking the skin.
13. Bottle of biniodide soloids.
14. India-rubber finger-stall for vaginal examination.
15. Tube of sterile vaseline.
16. Notebook and pencil.
17. Clinical thermometer.