An Address

ON

MALINGERING, VALETUDINARIANISM, AND THEIR PREVENTION.

DELIVERED BEFORE THE PATHOLOGICAL SOCIETY
OF MANCHESTER.

BY

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THE subject of malingering and valetudinarianism and their prevention is of very great practical importance at the present time; it is a large subject of great complexity, in which I have always been much interested. During my first year of practice I was engaged in a big "railway case"; since then I have had a large experience in that kind of practice; as medical officer to a large insurance company which deals with claims under the Workmen's Compensation Act, in the capacity of Medical Referee for Scotland, and as a hospital physician and private practitioner, I have seen many cases in which the question of malingering has presented itself.

DEFINITION.

I would define a malingerer as one who feigns sickness or who deliberately (knowingly and wilfully) induces or protracts an illness, with the object of avoiding duty, claiming money compensation, exciting sympathy, or for any other reason.

You observe that I use the words "knowingly and wilfully." The term "unconscious malingering" is sometimes used; but it is an absolutely erroneous term; the term "unconscious malingering" is a contradiction in terms; the very essence of malingering is wilful and deliberate (conscious) deceit. It is essential to draw a distinction between *malingering*, conscious and deliberate simulation of disease or exaggeration of symptoms, and *valetudinarianism*, unconscious or subconscious simulation of disease or exaggeration of symptoms.

Until recently, malingering was chiefly found amongst: Soldiers; prisoners; schoolboys; conscripts (in those countries where there is universal military service—the reverse condition being not infrequently met with in this country amongst young fellows who have passed the Army examinations, but who have been rejected on their "medical"); hospital patients—"hospital birds" as they are termed; hysterical young women; club patients; persons injured or supposed to be injured in railway accidents; and persons who have been accused of some crime, such conditions as epilepsy or insanity being set up as a defence.

All of us who are engaged in hospital practice will, I am sure, allow that since the Workmen's Compensation Act was introduced* cases of malingering and valetudinarianism have become very much more common. In the last edition of my book on the *Diseases of the Spinal Cord*, published in the year 1895, I discussed in detail concussion of the spinal cord, and referred to the injuries which are so common in pitmen, as the result of falls of stone and coal on the back. I came to certain conclusions as to the nervous symptoms which these patients manifest. I need not read the whole, but my third and fourth conclusions were as follows:

3. That colliers who have suffered from concussion of the spinal cord (I mean, of course, concussion pure and simple) very rarely subsequently suffer from organic disease of the spinal cord or its membranes.
4. That they very rarely indeed manifest the train of nervous symptoms which so frequently occur after railway accidents and injuries.

* The Employers' Liability Act came into force on January 1st, 1881. Under it a claim was only sustainable in the event of there being a defect in the condition of the works, or of there being negligence on the part of the employer or those in his service.

The first Workmen's Compensation Act came into operation on July 1st, 1898, and was limited to certain classes of employees. An amending Act came into operation on July 1st, 1901, extending the earlier Act to employees engaged in agriculture.

The present Workmen's Compensation Act came into operation on July 1st, 1907, and practically all classes of employees came within its scope.

I then went on to say:

The two last conclusions may in the future be of no small importance, quite irrespective of the subject of railway accidents and injuries with which we are at present immediately concerned. The tendency of modern legislation is to compensate employees who have been injured, provided that the accident is not the result of their own carelessness or error. Now I venture to predict that if the Legislature should enact that colliers are entitled to compensation for the injuries so received, nervous symptoms will in the future be found to result much more frequently from falls of coal and stone on the back than is at present the case.

This prediction has been abundantly verified; my experience during the last five years in the wards of the Edinburgh Royal Infirmary shows that colliers who have been injured in this way very frequently manifest the nervous symptoms characteristic of traumatic neurasthenia or traumatic hysteria. In colliers these nervous symptoms are very much more common than they were five years ago.

Dr. Dickson of Lochgelly, who has for twenty years had a large colliery practice in the county of Fife, stated at a recent meeting of the Edinburgh Medico-Chirurgical Society that traumatic neurasthenia is now a common topic of conversation in the villages of Fife, that the morale of the Fife miner, which before the passing of the Workmen's Compensation Act was high, has become much deteriorated, and that the duration of illness after accidents has become much prolonged; he stated that the average time for recovery from a fracture below the knee, which before the introduction of the Workmen's Compensation Act was three months, is now over six months.

It cannot be doubted that the Workmen's Compensation Act has tended to the production of malingering and valetudinarianism. It must, however, be remembered, as a set-off against this, that modern methods of clinical investigation and examination have made it easier than it used to be to detect fraud.

Now I venture to predict that, when the National Insurance Act comes into full operation, malingering and valetudinarianism will become very much more common in cases of ordinary sickness and illness (irrespective of accidents and injuries) than in the past, and the duration of ordinary (non-accidental) illness will be greatly increased, and consequently that there will be a great increase in the medical attendance required, and in the expenditure required for sick pay and allowances during ordinary illness.

Varieties and Degrees of Malingering and Valetudinarianism.

Various varieties or degrees of malingering may be described.

I.

There are cases in which perfectly healthy persons feign disease, induce disease, or claim that they have received an injury and profess to be suffering from symptoms due to that injury.

These cases, in which absolutely healthy persons claim to be suffering from the effects of injury or disease—pure malingering—are, in my experience, extremely rare. They are occasionally met with in club patients, in schoolboys, in hospital patients ("hospital birds"), in accused persons, and in persons who have been in a railway collision or other accident, but who have not been really injured; indeed, cases have occurred in which people who have not been in an accident at all have feigned symptoms, taken to bed, and claimed large damages from a railway company on account of an alleged injury. No case of that sort has come under my own notice, but I have seen several cases in which there has been gross exaggeration or malingering pure and simple.

CASE I.

I remember one case in which a train ran into the buffers at a station; a gentleman who was seated facing the engine was thrown forwards into the arms of a buxom lady who was sitting opposite him; his hat was knocked off and was indented—it was a new silk hat—that was the only damage which he seemed to have sustained. A few days after the accident he began to suffer from the ordinary symptoms of "railway spine"; these symptoms gradually got worse; he brought a claim against the railway company, which was eventually settled out of court for £100.

The following are brief details of three cases of pure malingering:

CASE II.

In the *Times* (June 22nd and 29th, 1899) a case is reported in which a man claimed £500 damages and £33 18s. expenses from the London and North Western Railway Company for injuries received by falling into a hole, which it was alleged was improperly protected, on the platform at the Kensal Rise Station. The company proved that the man was an impostor of the worst possible class, and that no such accident as he alleged had occurred. The man was eventually tried at the Central Criminal Court for trying to obtain money by false pretences, and sentenced to six months' imprisonment.

CASE III.

In the *Railway News* (October 29th, 1904) a case is reported in which a man sued the London and North Western Railway Company for £5,000 damages for injuries sustained during the shunting of a train. Out of 500 persons in the train—it was a Saturday afternoon and a very crowded train—the pursuer, who was bumped during the shunting, was the only person who complained of injury or made a claim against the company. From the moment the carriage in which this man was seated was bumped, he set himself to work up a false claim. He pretended to be stunned by the shock, but was sufficiently wide-awake to obtain the names and addresses of two of his fellow passengers, whom he produced as witnesses. After the alleged accident he went into a nursing home and became a cripple, deaf, half-blind, and unable to walk except with a stick, at such times as he thought exhibitions of suffering would help his case against the company.

The company found on inquiry that his record was a very bad one—"his whole business seems to have consisted in obtaining goods on credit under various aliases, selling them and pocketing the proceeds"—and had him watched by detectives. When he thought himself secure from observation, "he was a strong, active man, jumping on and off omnibuses and trains in motion, carrying his own portmanteau and rugs, making trips to Richmond and other places, playing with a football with his children in a park at Brighton, and otherwise making the best of a blighted existence."

After his cross-examination at the trial his counsel closed the case, and the jury found a verdict for the company without calling a single one of their witnesses.

The man was subsequently arrested, tried for perjury at the Central Criminal Court, convicted—the jury not finding it necessary to leave the box—and sentenced to nine months' imprisonment with hard labour.

CASE IV.

At a recent meeting of the Medico-Chirurgical Society of Edinburgh Sir Thomas Clouston mentioned the following case: A clergyman got into some sexual difficulty. The charge, if proved, would have involved the loss of his livelihood. He pleaded insanity, was certified by two medical men, one of them of very high standing in the university, and sent to an asylum. Sir Thomas Clouston was sent for to see the patient; the asylum attendant informed him that the man spent much time in attentively reading a green-bound book. This book was Sir Thomas Clouston's clinical lectures. In the chapter on delusional melancholia every one of the symptoms which this man manifested was underlined. It is hardly necessary to say that the plea of insanity was not sustained.

II.

There are cases in which, after an accident or injury, the results or remains of previous disease are said to be due to the injury.

These cases are more common than cases of pure malingering in persons who were previously perfectly healthy; fortunately they are not very common, for in some instances they are extremely difficult and perplexing. We all know how frequently functional symptoms are combined with organic disease, and how easy it is to mistake the results of old organic disease for those of recent disease, more particularly in cases in which one is unacquainted with the patient and the previous history, and especially in cases in which erroneous, misleading or false statements are made regarding the previous history and previous condition of the patient. I have met with cases in which a congenital club-foot, a very old-standing facial paralysis, an ear discharge recurring for many years, an old scar on the cornea, epilepsy, tabes and spastic paraplegia were said to be due to recent accidents.

CASE V.

We had a case not very long ago in my insurance office in which a severe conjunctivitis was said to be due to dust getting into the eye during the patient's work, but in which it was proved that the patient was suffering from gonorrhoeal conjunctivitis. I do not say that this patient was malingering. I mention the case as an illustration of the difficulty there frequently is in excluding previous disease, and in proving that symptoms, which are said to be due to a recent accident or injury, are in reality the result of previous disease.

There is, of course, a strong tendency in the human mind to try and find a cause for any and every illness, and if a person has received an injury, even some time before the development of an illness, he not unnaturally perhaps attributes the illness to that injury. Poliomyelitis anterior acuta is a striking illustration in point. It is now known to be an infective condition, due to a germ poison; formerly it was often thought to be due to exposure to cold, a chill, or an injury; and in cases of poliomyelitis anterior acuta, occurring as these cases often do in robust, healthy children, nurses were often blamed for supposed injuries to the children in whom the disease developed.

In some cases included under this head the patient knows that the condition which he attributes to the accident was previously present—he is deliberately lying; but in others—as, for example, in cases of early tabes, of which I have seen more than one case—he may not know this; he is not deliberately and wilfully trying to deceive.

In cases of this kind a minute and careful inquiry into the previous history as to the exact nature of the accident—whether the degree and kind of injury was sufficient to account for the symptoms and conditions which are present—will in many cases enable one to arrive at a correct conclusion; but there is often great scope for differences of opinion. In some cases of this kind the difficult question arises as to the relationship of trauma to the causation of the particular diseased condition which is present, such as spinal lesions, cerebral tumour, aneurysm, cancer, and innumerable other conditions which are not infrequently said to be due to an accident.

Then, further, in some cases the question occurs—supposing the man is a diseased man when he gets the accident, is he entitled to receive compensation for the damage he has sustained? In my opinion, one is no more justified in injuring a diseased man than a sound man; but, of course, the amount of compensation which a diseased man should receive is, in many cases, very different from the amount of compensation which a sound man should receive. In cases of this kind the whole circumstances of the case have to be carefully considered and taken into account.

CASE VI.

During the first year that I was in practice I met with an interesting case of this kind. A girl, who was carrying a young child subject to epileptic fits in her arms, was larking with a young man; in attempting to strike her, it was said in play, he hit the child; the child immediately had a fit and died in the fit. The young man was committed by the magistrate for manslaughter, and tried at the Newcastle Assizes. I was a witness in the case; I had made a *post-mortem* examination. Mr. Justice Brett, in summing up, laid it down that if the jury were satisfied that the child died from the fit, and that the fit was induced by the blow, they should bring in a verdict of manslaughter; but, he said, the degree of manslaughter was for him to judge, and not for the jury. The jury returned a verdict of manslaughter; the judge discharged the prisoner; he thought that as he had already been some time in prison while waiting for the trial, he had had sufficient punishment.

Cases every now and again occur in which persons who have been apparently perfectly healthy up to the time of an accident die apparently as the result of the accident, and in which it is found after death that they are and have for many years been the subject of grave organic disease. In India many cases have been recorded in which a slight blow has ruptured an enlarged spleen and caused death. The following are cases in point:

CASE VII.

A stationmaster received a slight head injury; immediately after the accident he became ill and died a few weeks later, apparently as the result of the injury. Up to the time of the injury this man had never complained of illness; he had for many years performed his arduous duties without ever being off work; he was, however, the subject of advanced cirrhosis of the kidney and marked arterio-sclerosis.

CASE VIII.

A labourer, aged 53, employed at the Peterhead harbour works, received an accident—injury to the back, left side, and left leg—by being struck by a skip of stones on August 13th, 1909. He resumed light duty on September 24th, 1909, and some time afterwards returned to full work. In June, 1910, he sustained another slight accident, a blow on the left side; he was off work for a week, and during that time complained of shortness of breath. He subsequently had to leave off work altogether, because of shortness of breath on the slightest exertion.

I examined him on behalf of the Government on August 16th, 1912. He then stated very definitely and positively that up to the time of the first accident he had been perfectly well, and that for the previous ten years he had been employed as a labourer in the Peterhead harbour works and had not been off work through illness for a single day. I found the heart decidedly enlarged and its action irregular, the blood-pressure markedly above the normal (180 mm. of mercury), and a small quantity of albumen in the urine; the pulse was 120. The man complained of pain in the left side and of shortness of breath on the slightest exertion. He seemed to be a straightforward, truthful man.

I gave it as my opinion that his physical condition unfitted him for the work of a labourer. I stated that it was impossible to say definitely whether the disease—the cirrhotic condition of the kidney, which seemed to be the fundamental lesion—was in existence or not prior to the receipt of the first accident; but, whether this was so or not, it seemed obvious that his illness had either been produced or seriously aggravated by the injuries which he had sustained. Consequently, I thought, from a purely medical point of view, that the man was reasonably entitled to adequate compensation.

I have seen many cases of this kind; in some of them it was difficult to determine how far the accident was responsible for the result.

III.

Cases in which patients who are suffering from the effects of an accident or injury or from ordinary illness not due to accident or injury, exaggerate their symptoms, or do not get well as they should be expected to do, but continue to suffer and go on claiming compensation.

These cases are very common—in fact, of every-day occurrence. They are the cases which will give rise to so much difficulty under the National Insurance Act.

In ordinary practice the aim of the patient—at all events, of the great majority of patients—is to get well as soon as possible, and he makes every effort to aid the doctor in getting him well. But if it pays a patient better to be ill than to be well, or if a patient is lazily inclined and is content to take a holiday on sick pay—it may be half-wages—there is no inducement to get well; in fact, there may be an inducement to remain ill—to prolong the illness indefinitely.

In some of the cases included under this head the patient deliberately exaggerates or wilfully prolongs the illness; that, of course, is malingering—partial malingering, I call it. But in many cases the patient simply does not get well and does not return to work, because he has no powerful inducement to get well and to return to work; he goes on complaining for weeks, or it may be months, from symptoms. In many of these cases there is no deliberate intention on the patient's part to deceive; he is not malingering; he is a valetudinarian, not a malingerer.

We all know how very important the influence of hope is in enabling our patients to get well, and how a cheery doctor who expresses a confident opinion that his patients will get well, and who inspires them with hope, does get them well much quicker than another man who takes a gloomy view of things, who shakes his head, and who does not inspire them with hope and confidence.

Any mental anxiety, such as impending litigation, the prospects of the ordeal of a trial, of being examined and cross-examined in the witness-box, retards the patient's recovery. Every one who has had much experience in railway cases knows that these patients never get well, or very rarely indeed get well, until the case is settled, until the litigation is ended; and that they then often get well with remarkable rapidity.

Now, I do not for a moment suggest that all of these patients are wilfully exaggerating or malingering, many of them are perfectly genuine sufferers; they are merely bad cases of valetudinarianism.

CASE IX.

One of the most striking cases of this sort which has come under my notice was that of a man, aged 35, whom I examined on behalf of a railway company, some two years after an accident, in which he had been slightly injured. He was suffering from the most marked symptoms of traumatic neurasthenia that I have ever seen; in addition, there were some symptoms, which time does not permit me to describe in detail, suggestive of organic disease. I pointed out in my report that it was a case in which the patient would probably get heavy damages. He claimed £7,000; he got £3,500. I am informed that this man returned to work a few weeks after the settlement, and that he has apparently been perfectly well and doing his work regularly ever since. Now I saw no reason to doubt that he was an

honest man; I did not think he was malingering; I thought, and I still think, notwithstanding the result, that it was a bad case of valetudinarianism and not a case of malingering. At all events, the case shows the important influence which settling the claim, especially if there is a very considerable amount in the way of damages, has in getting the patient well.

I have seen many cases of the same kind in which the symptoms were the result of ordinary accidents and injuries—miners and others who have been injured, and who do not get well until the claim is settled; after which they usually, in my experience, rapidly get well.

Most of us who have had much experience in railway and other compensation cases will, I think, agree that in some cases the lawyers have a good deal to do in fostering these claims and in preventing a settlement. The following anecdote expresses this. There was a bad railway smash in which a few persons were killed, several injured, and many apparently totally unhurt. One of the passengers who was unhurt, while walking down to his office a few days afterwards, was met by a friend, who said, "I was sorry to see you were in that terrible accident; I hope you were not hurt?" The man shook his head, and said, "I don't know, I have not yet seen my lawyer." But the lawyers are not only to blame. I have heard of a medical man who made it his business to hunt up persons who had been in a railway accident, and to coach them up in manufacturing false or exaggerated claims.

The subject of valetudinarianism is one of very great difficulty and of very great importance. In many cases it is quite impossible to differentiate with accuracy and certainty, on purely medical grounds, partial malingering and valetudinarianism, and the other grounds on which one has to make a differential diagnosis are often insufficient to enable us to give a positive and dogmatic opinion. In many cases we suspect malingering, but it is only in rare cases that we are justified in positively stating that a patient is malingering. In many cases, too, it is difficult to say whether a patient is a valetudinarian or not.

In many cases—for example, slight and static valvular lesions of the heart, bronchitis with emphysema, pain and stiffness in the back the result of back injuries, sciatica, or neurasthenia—it is difficult or impossible to say when the patient is sufficiently well to return to work. The patient may say, "I am not sufficiently well to work; I still feel shortness of breath on exertion; I still cough and spit; I still feel my leg stiff and painful; I still feel nervous and weak."

Formerly (before the introduction of the Workmen's Compensation Act and the National Insurance Act) many of these patients, especially men with wives and families depending on them, would make an effort to return to work at the earliest possible date. Nowadays there is not the same inducement to get well and to start work, and cases drag on for weeks or months. I repeat that many of these patients are not malingerers; they are merely valetudinarians. These are the cases in which there is likely to be so much difficulty in the future.

The following case is an illustration of the way in which these cases drag on, as the result of valetudinarianism and want of effort on the part of the patients to get well and to help the doctor in getting them well:

CASE X.

A. L., aged 20, was severely burned while at work on May 22nd, 1909. I examined her on April 13th, 1910, and advised that she should go into the Edinburgh Royal Infirmary for treatment; systematic exercises, injection of fibrolysin, and passive movements were employed, and she was discharged on June 22nd, very much better. I again saw her on September 26th, 1910; extensive cicatrices the result of the burn were present on both arms; those on the right arm did not interfere with its usefulness, those on the left arm and hand made the fingers somewhat rigid. The patient at this date claimed to be totally and permanently unfit for work; I reported that she was fit for light work, and if she only made an effort to use the left hand she would in the course of time be fit to do ordinary work. The patient received compensation at the rate of 10s. a week from the date of the accident—May 22nd, 1909—till November 13th, 1910. The case was then settled, £55 being given in a lump sum in addition to 10s. a week which she had received in the way of compensation.

In connexion with this part of the subject, the question arises whether a patient who refuses an operation which has been advised for the cure of his disease is entitled to go on receiving compensation for his illness. It is a difficult question for the insurance companies, for if they

were to insist upon an operation, and if the patient should happen to die as a result of that operation, they would obviously incur a very grave additional responsibility. The following is a case in point:

CASE XI.

A quarryman, aged 30, received an injury to the right elbow (a cut), the result of a fall in the quarry, on July 9th, 1908. The ulnar nerve had evidently been divided. There was weakness and wasting in the small muscles of the right hand, and some loss of sensation in the area of distribution of the right ulnar nerve. I saw him on February 4th, 1909, and advised that he should go into hospital for observation and treatment. The question of operation—cutting down on the divided nerve and suturing the two ends—presented itself. The patient refused operation. Improvement gradually occurred under medical treatment. The claim was ultimately settled on September 24th, 1909, the man receiving £27 10s. as damages.

There are, of course, cases in which the Workmen's Compensation Act and the National Insurance Act are godsend. Over and over again I have seen patients—say, with organic heart disease—decent hard-working men with wives and families dependent on them, insist on being discharged from hospital before they were fit to return to work, with the laudable object of supporting their dependants. Those are the cases which one desires to see insured—and well insured—well compensated and well looked after, medically and otherwise. I know of no sadder case than that of a man who insists on being discharged from hospital in order to support his wife and family, when one knows that the hard laborious work and strain to which he must subject himself will, in the course of a short time, be certain to result in another breakdown. These cases will still, I fear, be too frequently most inadequately provided for.

The cases of malingering which most frequently occur in physicians' practice are nervous cases; they are by far the most common and by far the most difficult cases. Purely surgical cases are, comparatively speaking, rare; the ophthalmic surgeon sees a large number of cases; the aurist a few cases; the dermatologist some cases. I have seen several cases in which skin lesions have been deliberately produced by young women, some, but not all, of whom were hysterics.

DIAGNOSIS.

The diagnosis of malingering is often extremely difficult; it has to be based partly on medical and partly on collateral evidence.

It is, of course, a more difficult thing to recognize that an article is adulterated than to recognize the genuine article. It is unnecessary to say that the success of the malingerer depends upon the exactitude with which he is able to represent the medical picture. I could feign many diseased conditions, such as an epileptic fit, an attack of angina pectoris or insanity, so perfectly as to defy detection. Fortunately for diagnosis, malingerers are very rarely skilled and experienced in the conditions which they attempt to represent; they usually overdo their part.

It is very difficult to feign organic disease; it is the functional conditions which are easily simulated. Consequently, the first thing in making a diagnosis in a case of suspected malingering is to make a careful medical examination and to exclude organic disease.

In nervous cases the differential diagnosis of organic and functional disease, unless one is specially skilled and experienced in nervous disease, is often very difficult. One sees this in private practice in cases in which there is no question of compensation and no suspicion of malingering. One sees cases in which experienced hospital physicians and surgeons differ with regard to these cases, in which one man says that there is, and another there is not, organic disease. Many cases of this kind have come under my notice. Let me give you two striking illustrations:

CASE XII.

A female, aged 21, single, a domestic servant, was admitted to the Edinburgh Royal Infirmary on November 10th, 1911, suffering from great difficulty in walking, due to shortening and contracture of the left leg. The history was that two years previously she had fallen down a flight of stairs and received an injury to the hip and back. For some weeks after the injury she went on working, but with great difficulty. She then was admitted to a large hospital; the surgeon under whom she was admitted diagnosed the condition as organic disease of the left hip-joint; she was discharged five weeks later, a heavy boot

with a big sole and high heel being prescribed. For eighteen months she remained in the same condition, complaining of her hip and walking with great difficulty. She was then sent to see my son, Dr. Edwin Bramwell, by Dr. Garnett Wright, who with Dr. Edwin thought the condition was functional.

On examination it was found that the left leg was 3 in. shorter than the right; there was very marked twisting of the pelvis and great deformity. The condition appeared to me to be purely functional; but I thought it well to have a surgical opinion. I asked Professor Alexis Thomson to see the case; he was unable to do so until the beginning of December; until this date, therefore, nothing was done in the way of treatment. At Professor Thomson's suggestion two x-ray photographs were taken; the first seemed to show that the neck of the right femur was very decidedly shortened; this appearance, however, was fictitious, due to foreshortening in the photograph; the second photograph showed that the left hip was absolutely normal. Professor Thomson agreed that the case was purely functional, the shortening being due to a functional contracture.

On December 7th, 1911, the patient was placed under chloroform; the two legs were found to be the same length and have remained the same length ever since. The patient was told she was now perfectly well and would be able to walk in the course of a short time. A week later she was running up and down the long ward and was completely restored to health. She has remained well ever since.

CASE XIII.

A female, aged 19, single, was admitted to the Edinburgh Royal Infirmary on June 3rd, 1911, suffering from inability to open the mouth. Two and a half years previously a molar tooth on the left side was extracted under cocaine; the patient fainted when the cocaine was injected; half an hour later the jaw became rigidly closed and had so remained ever since. A month after the contracture developed a dentist opened the jaw and kept it open with a gag for a short time; a fortnight later she went into a large hospital under the care of a distinguished surgeon; the jaw was, she says, scraped and a gag was placed in her mouth to keep the jaw open; this treatment was ineffectual.

On examination, nothing abnormal except the rigid contracture of the jaw muscles, was found. The condition was diagnosed as a functional contracture. The patient was told that there was no organic disease and that we would speedily cure her. She was isolated behind screens, and was given hypodermic injections of H₂O. On June 14th she could open her mouth as wide as she had ever been able to open it. She has since remained quite well.

These are two remarkable cases. Had they come into court it cannot be doubted that both patients would have received heavy damages, and that laymen would have jeered at the difference of medical opinion. The point I wish to make is that these differences of opinion are constantly occurring in private practice, and that the differences of opinion which so frequently occur in courts of law are in many cases honest differences, and due to the difficulty in diagnosis which many of these cases present. Let me give a striking case in point—a case in which the late Sir William Banks, who all of us who knew him will agree was as honest and reliable and truthful as he was experienced, made a grave diagnostic mistake.

CASE XIV.

A man, aged 30, fell from the mast of a ship in January, 1902, and sustained a severe injury to the lower part of the back. He was awarded £1 a week as compensation. In April, 1904, my insurance company—the Scottish Union and National—applied at the Liverpool County Court for the review and diminution of this weekly payment. It was stated that unless the case were reviewed this man, aged 32, might go on drawing this compensation of £52 a year for the next forty years, and the sum of £2,000 which would thereby be involved was very substantial compensation for an accident, the compensation for which, had the man been killed outright, would have been only £300.

Professor Paul and Sir James Barr were called on behalf of the insurance company. They stated that, in their opinion, the man's bent condition and general crippled appearance were due to a mental delusion on his part, and not to any organic change.

Sir William Banks was called on behalf of the man, who appeared to be a perfect cripple, and could only walk with the assistance of crutches. Sir William Banks had no reason to think that his condition was due merely to a mental delusion on his part; he thought that he was suffering from a chronic inflammation of the bones and joints at the bottom part of the spine, and that they had become so fixed that they would not properly unbend. He was of opinion that, in all probability, the patient would never be again fit for the kind of work he had hitherto followed, but he might, in time, sufficiently recover to do some light work. He did not think the man was shamming. In July, 1910, the claim was settled for £600; £571 had been previously paid in compensation and costs.

The patient continued to go about on crutches until June 13th, 1911. He was then cured "like the shot of a gun," to use his own words, by bathing in the holy well at the shrine of

St. Winifride. For eight years he had been hobbling about on crutches; when he got out of the water he was able to walk back to the hospice, leaving his crutches in the crypt of the well.

He was seen by an inspector of the insurance company on August 12th, 1911; he then looked the picture of health, was upright, was walking at a quick pace, and was able to walk several miles a day driving sheep.

Now, if experts differ in this way, it is impossible to expect the ordinary general practitioner to come to a correct conclusion as to the nature of many of these most difficult cases.

Then there are diseased conditions, some of them very serious, which the most expert and experienced physician is unable to detect—such, for example, as small, deep-seated thoracic aneurysms (which even the x rays may not disclose), and disease of the coronary arteries, with severe angina pectoris. I have seen cases of this sort in which it was impossible to detect any definite evidence of organic disease in which the patients have died from the condition soon after my examination.

In those cases of suspected malingering in which there are symptoms or signs of organic disease—I am speaking more especially of cases said to be due to accident or injury—one has to make sure, as I have previously stated, that the organic lesion was actually due to the accident or injury, and that it was not present before the receipt of the injury. A careful inquiry into the previous history will usually enable us to determine this point. In cases of partial malingering it is often impossible to say how far the symptoms are genuine and due to the results of injury or to the organic disease which is present, and how far to malingering and wilful exaggeration on the part of the patient.

Certain things show that there is organic disease—such, for example, as localized muscular atrophy, the reaction of degeneration, paralysis of the sphincters, acute bedsores, the Babinski sign and ankle clonus (if perfectly typical and persistent, and not merely temporary and evanescent), complete loss of the knee-jerks on reinforcement, optic neuritis and optic atrophy, definite changes in the cerebro-spinal fluid, "skew-deviation" of the eyes. It must, however, be admitted that apparent exceptions to some of these statements are sometimes met with. Paralysis of the sphincters, for example, which is usually a very definite sign of organic disease, was said to have been present for six weeks in the case of the man who got £3,500 damages, to whose case I have already referred—that was one of the things in the case that we thought positively indicative of organic disease.

Let me here say a word or two with regard to the value of electrical tests in cases of paralysis. Some people seem to think that one can differentiate paralysis and malingering by means of electrical tests. That, of course, is not the case. It is hardly necessary to say that in many cases of permanent paralysis the paralysed muscles respond actively to the faradic current. At the last meeting of the British Medical Association there was a discussion on the Medical Training for the Detection of Malingering, and the gentleman who introduced the discussion is reported to have said:

Other numerous examples of the many varieties of malingering could be given—for instance, cases in which joints, though freely flexible to passive are apparently rigidly fixed to voluntary movement, and cases in which muscles, though apparently paralysed, readily respond to the faradic current, are so common as not to be worthy of discussion in detail.

In other words, that statement implies that if a paralysed muscle contracts to the faradic current it is not paralysed. There must be some error in the report, for I cannot conceive that the gentleman who introduced that discussion could possibly have made such a statement. In a recently published book on malingering, equally erroneous statements as to the effect of electricity in cases of paralysis and of the value of electrical tests in the diagnosis of malingering are made.

Then, again, it is sometimes concluded because a stiff joint or a contracted limb relaxes under chloroform and the joint is normal that the case is one of malingering. I have seen many cases, and published some of them, in which rigid contractures, due to functional nervous causes, have lasted for weeks and months and years, in which the contractures have been relaxed under anaesthetics, and the condition has been rapidly and completely cured by

appropriate treatment (a confident opinion that there was no organic disease and that the patient would rapidly get well, together with isolation, the electric current, and hypodermic injections of H_2O). Cases XII and XIII are striking illustrations.

Modern methods of research, such as electricity, the x rays, the perimeter, are often, I need hardly say, of very great use in the differential diagnosis of obscure cases, in differentiating functional and organic disease, and as an aid to the detection of malingering. The following is a case in point:

CASE XV.

A girl, aged 13, complained of blindness. She appeared to be in robust health. Ophthalmoscopic examination showed that the fundus was perfectly normal; there was no headache and no vomiting; with the exception of the impairment of vision, there were no symptoms. Careful examination with the perimeter showed the presence of a central scotoma. Dr. George Mackay, who kindly examined the patient, diagnosed a retrobulbar neuritis, an exceedingly rare thing in an apparently healthy young girl aged 13.

Corroborative non-medical evidence is the second class of evidence which one has to trust to. If a nervous case presents unusual symptoms which one cannot explain by a syphilitic or other apparent cause, one suspects malingering, more especially if the patient has anything to gain by deception.

In cases of this kind one has to lay traps to detect the deceit. I have the records of some railway cases in which the patients have been watched by detectives, the malingering proved, and the supposed patients convicted either of perjury or of trying to obtain money by false pretences (see Cases II and III).

One of the ordinary tests which one employs in cases of nervous disease is Romberg's test; it is not of great value, because inability to balance the body steadily in the erect position may be due to psychical causes or to weakness as well as to inco-ordination, and because it is so easily simulated. In employing Romberg's test in cases in which one has reason to suspect deceit I take care to see that the patient does not know what I am testing. I tell the patient, for example, that I am going to see whether he can hold out his hand steadily, and then, when his eyes are shut and his feet close together, bring the tip of his forefinger accurately in contact with the tip of his nose—the finger-nose test. I show him what I wish him to do. I see at once whether he has Rombergism or not. He thinks I am testing his ability to touch his nose, whereas I am testing his ability to stand steadily in the erect position with his feet close together and his eyes shut. That is an example of the sort of trap one sets; an experienced observer gets into the habit of using many dodges and traps in cases of this kind. Everything that the patient does and how he does it, both during the examination and when he does not think that he is being observed and examined, should, of course, be noted.

CASE XVI.

At the Glasgow meeting of the British Medical Association the late Professor Grainger Stewart showed a most remarkable case—an old woman who had an epileptic fit whenever she went into the dark. Professor Grainger Stewart took her to Glasgow in a first class carriage, and he told the meeting that she had a fit in each of the tunnels. The case attracted much attention. Shortly after the meeting I one day followed this patient into the surgical entrance of the hospital; she went down the stairs, immediately inside the entrance, into a very dark corner, struck a match, and lighted her pipe. She was very indignant when I asked her why she had not had a fit.

Now, from what I have said it will be apparent that there are many cases in which one suspects malingering, but there are few cases in which one can definitely certify that a patient is a malingerer. As pointed out in an article in the *Times* of November 7th, 1912, the panel doctor who certifies that a patient is malingering assumes a grave responsibility, and if he makes a mistaken diagnosis runs a great risk of a complaint being made against him, and of getting into grievous trouble and of having his name struck off the panel. In giving certificates one should be very careful in the wording of the certificates; except in very clear cases, one should avoid definitely stating that the patient is a malingerer, in doubtful cases one should say that, "So far as my examination, knowledge, and experience enable me to judge, the patient is fit to return to work," or, "So far as I am able

to detect, there is no organic disease and the patient is able to return to work." The doctor who is asked to certify whether a patient is malingering ought to be perfectly independent of the result.

Repeated examinations are often necessary in order to determine whether a patient is suffering from functional or organic disease, and whether he is malingering or not. The German plan of obliging these doubtful cases to go into hospital, in order that they may be under skilled observation and repeated examination, is a good one.

THE PREVENTION OF MALINGERING.

In order to prevent malingering under the National Insurance Act I would suggest:

1. *An exhaustive medical examination by the panel doctor.* The only sure means of detecting malingering is careful medical examination and careful medical observation by a competent doctor. In cases of prolonged sickness and in cases of repeated sickness the patient's fellow workmen no doubt often become suspicious, but the malingering may have gone on for weeks or months before that suspicion is aroused. In most cases malingering can only be detected in its earlier stages by the medical attendant.

2. *In doubtful cases consultation with a specialist.* The panel doctor must be protected, and the only way to protect him is by giving him the opportunity of calling in an expert to decide upon the nature of the case and to give a certificate. The consultant must be a specialist in the particular department of medicine or surgery which is concerned in the particular case; a physician, for example, who has no special knowledge of nervous disease cannot give a reliable opinion on a difficult nervous case; a surgeon cannot be expected to give a reliable opinion on a difficult eye case or ear case.

The expert should be perfectly independent of the result, and these experts should, of course, be properly paid.

In the *Times* (November 9th, 1912) Dr. F. C. Mears suggests that "in every case where the evidence of disability rests solely on the word of the insured person, he should be compelled by law, at the expiration of a fortnight's sick benefit, to appear before a quorum of not less than half the doctors on the panel of his district, and if the decision of this tribunal is final and without appeal, malingering will die out in a very short time." In my opinion, a quorum of half the doctors on the district panel would be very unwieldy. A committee of three would be surely sufficient. But why should all this additional gratuitous work be put upon the already underpaid panel doctors? Further, the panel doctors are not experts, and it is the opinion of experts which in difficult cases is required.

3. *Observation and repeated examination in hospital in doubtful cases.*

4. *A time limit to the purely functional cases and in cases in which there is no obvious organic disease.* In cases of neurasthenia, for example, the patient ought not to be allowed to go on drawing pay indefinitely. A certain time limit should be laid down. The patient should be told that there is no organic disease; that, medically speaking, he is quite fit to work; that unless he goes back to work on a certain day the money payment will cease. This plan would no doubt entail a real hardship in some genuine cases of functional disease, such as neurasthenia—and there are many such—but I am afraid this hardship must be faced.

It would be exceedingly difficult to lay down a time limit in cases in which there is organic disease—in a case of organic heart disease, for example, in which, as I have already pointed out, it is often exceedingly difficult to decide whether the patient is fit for work or not. But in cases in which there is no obvious organic disease I would certainly suggest that there ought to be a time limit.

In some countries the patient who claims sick benefit has to make a direct money contribution towards such sick benefit; if such direct contribution is sufficient in amount, it will, of course, stop much malingering and much valetudinarianism. Unfortunately, under the National Insurance Act no money contribution is required except the weekly payments which all insured persons have to make.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, August 3rd, 1912, p. 222.

REMARKS ON MALINGERING.

BEING AN INTRODUCTION TO A DISCUSSION OF THE SUBJECT
AT A MEETING OF THE LEICESTER DIVISION.

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INTRODUCTION.

We may regard malingering as a fraudulent attempt to obtain pecuniary benefit or exemption from work or duty on the plea of some assumed, misrepresented, or exaggerated disability, illness, or injury. There is no doubt that during the last few years malingering has increased among industrial workers. It was formerly chiefly prevalent in the army, the navy, and the pauper class. Apart from the pecuniary loss to employers of labour and to insurance societies, and the demoralizing effect of successful malingering on the person who makes the fraudulent claim, malingering injures society as a whole, because unjust claims tend to increase the amount of the premium demanded by insurance societies against the risk of accident and illness.

It is necessary to remember that a claim may be false without being fraudulent. It may be founded on a genuine although mistaken impression concerning the presence of certain symptoms and disabilities without any intention to obtain benefit by fraud. Everything depends on the motive. We must bear the motive in mind when considering the undoubted increase in the number of persons who, since the commencement of the Insurance Act, have consulted doctors on the panel for slight ailments which, under ordinary circumstances and before the commencement of the Act, would have been disregarded. That the motive underlying this increased request for medical advice is not in many cases fraudulent is shown by the fact that the majority of the patients seeking advice do not cease work or claim sickness benefit. The novelty of the situation created by the Act and the desire to ascertain whether medical benefit under the Act is bona fide has no doubt operated in some cases.

Moreover, this early seeking of medical advice has its beneficial side from the public health point of view. Experience in Leicester and other towns already shows that in some cases the detection of serious illness which would have otherwise escaped recognition has been brought about by this means.

THE PSYCHOLOGY OF THE INDIVIDUAL IN RELATION TO MALINGERING.

It is important to remember that the fraudulent misrepresentation of symptoms and disabilities which constitutes malingering shades off into a genuine but exaggerated idea of the importance of slight symptoms.

The attitude of mind which underlies malingering is not confined to the working classes.

Owing to a false notion of the status of public bodies, and to a false idea of what should be the normal relationship of the individual to the State, it has come about that individuals, in all classes of society, take up an attitude, in regard to claims against public authorities or the Government, different from that which they would think it right to adopt towards a fellow citizen. This desire to get all that can be got when entering a claim against an insurance office or a railway company is partly the result of a predatory habit of mind natural to some persons, and partly the outcome of an evolutionary struggle between individual and group interests, and partly, no doubt, to the reluctance of some companies to grant even legitimate claims except under compulsion.

Nevertheless, it is important to realize that deception in regard to the payment of income tax or the exaggeration of a claim for compensation against a public company or the Government, may be just as much a form of malingering and just as fraudulent as an attempt on the part of a workman to obtain compensation or to avoid work by the exaggeration of the symptoms of a disease, or the effects of an injury contracted during employment.

It is probable that the effect of recent legislation (for example, the Workmen's Compensation Act, 1906, and the National Insurance Act, 1911) will be to increase malingering in England as like legislation has already increased it in Germany and France. Thus Ewald¹ states that the