A HUNDRED YEARS AGO

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MALINGERING OR HYSTERIA?

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SHELL-SHOCK IS A VAGUE and indefinite term, and it was only on reading in the medical periodicals of the extraordinary difficulty in the diagnosis, that I have ventured to put this case to paper.

The patient came under my notice when I was holding the position of house physician at the London Hospital during the summer of 1916. This case, to my mind, is definite malingering to avoid military service. Though the subject had been under shell fire at Mons, I do not consider his train of symptoms could possibly be classified under the indefinite heading of shell-shock.

However, I would be pleased to know if, in other opinions, these symptoms could justifiably have originated from the stress and strain of active service in the present war.

"His history showed he had been wounded in the head in the retreat from Mons and sent home. On account of these fits he had been discharged from the army. There was no epileptic history in the family and organically he was sound. He told me he had had these fits since he returned wounded, but that before that he was perfectly well"

Male, aged 22, with "epileptic fits"

The first time I saw this patient he had been admitted into the wards in an "epileptic fit." When I saw him he was being held down in bed by attendants. He would suddenly writhe and fling himself about the bed with almost super-human strength and then for a short period lapse into quietude, breathing with slight stertor.

His movements were at no time actually typical of epilepsy, being more of a convulsive effort to throw off his attendants. He did not micturate or defaecate involuntarily, but he appeared entirely anaesthetic to pain, as pinching or pricking him caused no ejaculation or movements. His reflexes were present and normal, but his conjunctiva, cornea, and soft palate were entirely anaesthetic, and he seemed apparently unconscious. I injected ¼ gr of morphia and he slept soundly all night.

He had no fits for some days. One morning when I was walking round with one of the registrars I stopped at his bed and chatted about his case. I should add that since admission he had been treated with potassium bromide in large doses on the theory that he was a real epileptic. Immediately he grasped we were talking of him he went into another fit, similar in every way to the last. A few days later he was discharged as "hysteria", and told he was now cured.

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About a fortnight later I was called out of bed about 2 a.m. and found this man again in one of these fits. The policeman had found him lying on the ground in a dark street whither he had been walking with his sweetheart.

The fits were exactly like the last. Knowing this man to be a fraud, I endeavoured to "bring him to" by telling him there was nothing the matter and that I would douche him with cold water; in spite of this he remained in a state of pseudo-unconsciousness, and at times would throw himself about in similar convulsive efforts.

I told the policeman to get hold of his people to take him when he recovered. In his hearing, I told the policeman that I would order him a straight waistcoat and temporarily send him to the asylum if he did not recover quickly, as he was not a fit case for hospital. When his people arrived I assured them of the fact that he was quite well and it was only his "nerves", and said in front of him that, as a "precautionary measure", I would wash out his stomach, after having telephoned for the asylum's ambulance.

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I had not left the room above three minutes when the policeman told me he had "come round", and though he had simulated unconsciousness the first words he spoke were that "the doctor thought he was shamming".

He walked home, and since then has not to my knowledge been to the hospital again with similar symptoms.

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