

A HUNDRED YEARS AGO

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MALINGERING IN SOLDIERS

BY HARRY CAMPBELL, M.D., F.R.C.P., PHYSICIAN TO THE WEST END HOSPITAL FOR NERVOUS DISEASES, ETC.

CASES OF MALINGERING are by no means always easy to diagnose, for there is no sharp dividing line between downright malingering, mere exaggeration, subconscious malingering, and actual disease: each class merges into the next.

It is not therefore, surprising to find that physicians differ as to the frequency of malingering among soldiers. Thus M. Dejerine and M. Piere Marie, both of whom have had a large experience of war neuroses, hold widely different opinions on the question.

M. Dejerine declares that no single case of malingering has come before him, and he considers that both among soldiers and injured workmen the frequency of malingering has been much exaggerated. The fact that the latter so often recover quickly after being compensated does not in his view necessarily prove wilful imposture, inasmuch as anxiety as to ways and means may retard recovery, and once this anxiety is removed, it is not (so he argues) surprising that rapid recovery should often ensue.

M. Marie, on the other hand, regards malingering among soldiers as common. Of 40 patients, no less than nine were regarded by him as actual shamers, or at least exaggerators. These latter, as well as subconscious shamers, should, he insists, be subjected to the strictest discipline.

M. Gilbert Ballet points out that a man may begin by shamming, and, as the result of auto-suggestion, end by developing the condition simulated, thus becoming the victim of his own chicanery.

As for my individual experience, I have met with very few cases of malingering among our soldiers.

Among the many conditions which may be simulated, pain is the most difficult to pronounce upon. If, for instance, a man declares he has a racking headache which incapacitates him from soldiering, how can we disprove his statement? I have been consulted by several such, and have based my estimate on his character. Only once have I had reason to suspect malingering.

One case of headache was a peculiarly pathetic one – that of a fine

young fellow who had enlisted in a Guards' regiment. He was eager to be sent out to the firing line, and had made up his mind that if he did not feel better when he got there, he would make it easy for the enemy to end an existence which had become intolerable. This form of suicide is probably more common than we think.

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Soldiers complaining of neuralgia may present a similar difficulty. It is quite easy, for example, as M. Gustave Roussy observes, to sham sciatica. His routine practice when a patient complains of this affection is to examine the cerebro-spinal fluid – a positive Wassermann would suggest a root neuralgia. He then makes one or two intra-theal injections of novo-cocaine, and this, if the case be one of genuine neuritis, brings about in the majority of cases, if not a cure, at least a respite from pain. In cases of simulation or exaggeration, on the other hand, the patient does not take kindly to these procedures, and does not acknowledge any abatement of the pain complained of.

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