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Chapter XII: Feigned diseases

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CHAPTER XII.

FEIGNED DISEASES.

SOLDIERS, influenced by a desire to quit the service, to revisit their homes, or evade active duty, will not hesitate, at times, to play the part of impostors, feigning diseases, or even inflicting upon themselves more or less serious injuries, with the hope of accomplishing their designs. This deception, technically called malingering, would be of comparatively little consequence if it were always, or even generally, confined to a few members of a regiment; but when it is remembered that it is liable to become epidemic, spreading from individual to individual, it assumes a deep importance, well calculated to arouse the attention both of the medical officer and of the military commander. Its effects, then, become eminently demoralizing to the service, which, if proper care be not employed to detect and punish it, might seriously suffer, especially when such an outbreak occurs on

the eve of a battle. Great ingenuity is often displayed by malingerers, requiring no little vigilance and skill on the part of the surgeon for its successful exposure, and yet it is not less necessary for his own credit than for the honor of the service that he should not permit himself to be deceived.

The number of diseases, imitated by this class of dissemblers, is surprisingly great, and there is also quite a list of self-inflicted injuries. Among the former are various mental diseases, as mania and imbecility; deafness; amaurosis; epilepsy; paralysis; hæmatemesis; hæmoptysis; gastritis; dysentery and diarrhœa; affections of the heart; rheumatism; lumbago; wry-neck; contractions of the joints; incontinence of urine; bloody urine; and stone in the bladder: among the latter ophthalmia, opacity of the cornea, œdema of the limbs, wounds, and amputations of the fingers.

Space will not permit me to enter into any details respecting this important subject. I shall, therefore, content myself with a presentation of such facts as may be supposed to be of special practical interest.

First of all, the medical officer should weigh well in his own mind the nature of the disease for which a soldier applies for a certificate of discharge, or inability to perform duty. If the case is one of recent standing, it will be well not to come to too hasty a conclusion as to its diagnosis; it should be examined and re-examined before any definite opinion is given. Day by day new facts may be developed, revealing the true character of the affection. If the patient is really sick, or affected with some serious chronic disorder, his general appearance will hardly fail to afford some evidence of its existence. The pallor of the countenance, the functional disturbance of the suffering organ, the bodily prostration, the want of appetite, and the gradual emaciation will almost unerringly point to the nature and seat of the disease. When, on the other hand, the malady is simulated, all, or nearly all, the usual phenomena of disease will be absent. Impostors, moreover, are generally very zealous in talking about their disorders, or in obtruding them upon the notice of their surgeons, whereas those who are really sick and suffering make comparatively little

complaint. A malingerer may often be detected by carefully watching his movements, coming suddenly upon him when he is asleep, or when his attention is directed to some one else, tickling his foot when he feigns paralysis, or pricking his back when he pretends to be laboring under lumbago. Sometimes a determined threat will promptly restore him to a sense of his duty, as the application of the actual cautery in incontinence of urine, rheumatism of the joints, or mental imbecility. Now and then the exhibition, in rapidly repeated doses, of a nauseous draught, answers the purpose. Whatever expedients be employed the surgeon cannot exercise too much address, otherwise he will be almost sure to be baffled.

Mental alienation, or *mania*, unless the result of inebriation and of acute disease, generally comes on gradually, being preceded by a marked change in the moral character of the individual, loss of appetite and sleep, and other evidences of general disorder.

Genuine *deafness* is also gradual in its approaches, and, when fully established, is invariably attended by a peculiar listless state

of the countenance with more or less change of the voice. Before a final decision is given, a careful inspection of the ears should be made, to ascertain whether there is any obstruction or appearance of matter. The unexpected discharge of a pistol, in a case of feigned deafness, might suddenly decide the diagnosis.

Amaurosis may be simulated by the internal use of belladonna, or by the direct application of this article to the eye, causing dilatation and immobility of the pupil. These effects are often accompanied by unnatural vascularity of the conjunctiva, and they generally disappear spontaneously in a few days. In genuine amaurosis, too, there is always a dilated condition of the vessels of the eye.

Feigned *epilepsy* differs from the real in the absence of lividity of the countenance, the want of froth at the mouth, and the partial character of the convulsions. The pupil does not contract, as in the genuine disease, the general sensibility is unimpaired, the tongue is not injured, the nails are not discolored, the hand, if opened, is again firmly shut, and the individual often watches with

his eye the impression the attack is making upon the by-standers. The application of a heated case-knife, or of a cloth wrung out of hot water, often speedily reveals the imposition.

Paralysis is frequently imitated, but is generally easily detected, simply by watching the patient, tickling his feet when he is asleep, or threatening him with the hot iron. The disease, when it attacks the lower extremity, is nearly always caused by apoplexy, and is then generally associated with mental weakness and difficulty of articulation. Partial paralysis of the upper extremity is frequently induced by lying upon the arm, by suppression of the cutaneous perspiration, and disease of the spinal cord.

Hæmatemesis may be simulated by swallowing blood, or an infusion of logwood, and ejecting the fluid afterward by vomiting. It should be recollected that the real disease is almost invariably connected with serious organic lesion, as ulceration of the stomach, induration and enlargement of the liver, or visceral obstruction, and that the patient, consequently, will exhibit all the characteristics of a sick person.

Soldiers sometimes counterfeit *hæmoptysis*, by cutting the gums, or chewing substances impregnated with coloring matter. A case is related by Guthrie, in which a man, for this purpose, swallowed a piece of cork full of pins. The immediate effect was hæmoptysis, and the remote one death by wounding the carotid artery.

Gastritis may be simulated by spontaneous vomiting, a faculty possessed by some persons, and by pretended pain in the epigastric region. The attack in general speedily yields to a large sinapism and a brisk emetic.

Dysentery and *diarrhœa* are occasionally feigned by exciting, artificially, irritation of the rectum, by mixing blood with the alvine evacuations, or by borrowing the discharges of persons actually affected with these diseases. In genuine dysentery and diarrhœa there are always well-marked constitutional phenomena, which are of course absent in the spurious. Careful watching of the patient and compelling him to use a close stool will soon remove any doubt that may exist respecting the nature of the case.

Disease of the *heart*, in the form of palpi-

tation, may, it is said, be produced by the use of hellebore. Mr. Hutchinson, of England, refers to an epidemic of this kind among the members of the Marine Artillery. Organic cardiac disease could easily be detected with the stethoscope.

Rheumatism being a very common disease among soldiers, is often counterfeited; but the cheat is of easy detection when it is recollected that the real affection, especially the acute form, is attended with more or less swelling and constitutional disturbance.

When *lumbago* is made the subject of deception, the attack seldom long withstands the application of rash remedies, or the threatened use, if speedy relief do not arise, of the hot iron.

Contraction of the *joints*, a not unfrequent source of imposition, is easily detected by the use of anæsthetics, or simply by pricking the parts suddenly with a needle, when the patient is off his guard.

When *wry-neck* is simulated, both the sterno-cleido-mastoid muscles are rendered rigid by the effort at deception; whereas in

the real disease the contraction is confined to one side.

Incontinence of urine, bloody urine, and stone in the bladder have all been simulated by designing soldiers. The former is said to be at times epidemic, and then its detection is of course easy, as the ordinary disease never assumes such a character. Harsh remedies are the best means of relief. Ballingall states that fictitious cases of incontinence have been successfully treated by the cold bath, by prescribing a few lashes on the loins, with the avowed object of strengthening the parts. In the Austrian army the impostor is obliged to do duty with a urinal.

Bloody urine has been provoked by injecting blood into the bladder, and by scarifying the urethra.

Calculus is almost unknown among soldiers; it is sometimes attempted to be counterfeited by scraping the walls and throwing the lime into the urinal. When stone actually exists, the sound will generally promptly detect it.

Self-inflicted *injuries* of various kinds are resorted to for the purposes of deception.

Thus malingerers often provoke inflammation of the eye and temporary opacity of the cornea by means of corrosive sublimate, lime, tobacco, nitrate of silver, and other irritants. A great number of men have been known to suffer from this cause at the same time, as if the disease were an epidemic. Ulcers of the legs are produced by pricking the skin with pins or needles, frictions with sand, or caustic applications. Œdema of the limbs may be excited by tight ligatures; disease of the scrotum and testicle, by inflation of the parts with air. All such tricks are usually readily detected by the medical officer and his assistants.

Self-mutilation sometimes amounts to the destruction of an eye, an entire finger, or even the greater portion of the hand. Occasionally it is limited to slight wounds, and the imposition may then be practiced on an extensive scale, as was the case in the French army at the battles of Lutzen and Bautzen, in which nearly 3000 soldiers were slightly injured in the hands, causing the belief that the wounds had been voluntarily inflicted.