PSYCHOSIS OR MALINGERING?

By FREDERICK DILLON, M.D.Edin.,

Medical Superintendent, Northumberland House Mental Hospital; Chief Assistant in the Department of Psychological Medicine, University College Hospital; and

K. R. MASANI, M.R.C.S.Eng., L.R.C.P.Lond., D.P.M.,

Formerly Assistant Medical Officer, Northumberland House.

THE subject of the following record was a married man, aged 40, whose business had brought in an income of about £2,000 per annum. The onset of his illness dated from an accident which was said to have occurred about seven months before he was seen by us. According to the history obtained from the wife it appeared that as he was passing a building in course of erection a fairly large piece of iron fell from the scaffolding and struck him on the left side of the head. He did not fall, but picked up the piece of iron, walked into the building and interviewed the foreman. He then went home, his only complaint being of headache. The wife said she noticed a swelling on the scalp, but as there was no bleeding or wound she did not send for a doctor immediately. The patient was put to bed and is said to have been sick on two occasions. As he did not improve, he was taken, after six days, to the out-patients' department of a general hospital, where the doctor who saw him attributed the condition to concussion. He was admitted four days later and remained for three weeks. The report from the hospital stated that the patient complained of headaches, became easily irritable and lost all power of control. He is said to have been sleepless, but no sickness had occurred. There was no mention of any external damage to the head, and X-ray examination of the skull revealed no injury. The blood Wassermann reaction was negative and the blood precipitation test was normal. No physical signs of disease were discovered. The wife stated that while in this hospital the patient chased one of the doctors down the stairs. Soon afterwards he ran away from the hospital, telephoned to his wife and was taken back by her, remaining a further week. He then returned home, and after a few days' rest resumed work. He was unable to continue as he became excitable and irritable, and on one occasion "smashed his office up". He was seen by his own doctor, who

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expressed the opinion that the accident had undoubtedly caused a hæmorrhage inside the skull, and that the clot so formed was responsible for the patient's mental disability. Ten days later he was examined by a distinguished neurologist, who also expressed the opinion that a blood tumour from bleeding within the membranes of the brain was the cause of the symptoms. The patient gradually lost interest in his work, stayed at home and spent most of the day in bed, preferring to be left alone. He became violent and on more than one occasion attacked his wife.

Thinking that a change might be beneficial, his wife took him abroad, about four months after the accident, and left him in a mental sanatorium. He remained there for nearly two months, but had to be brought back because of his violent outbursts. The day after his return he is said to have had a "fit", in which he lay stiff on the floor for about ten minutes, apparently unconscious. He was taken a second time to see the same neurologist, who then came to the conclusion that the patient was suffering from general paralysis of the insane. In this opinion the patient's own doctor and the insurance doctor concurred. As a result of this diagnosis, on the advice of his solicitor and of the family physician, the patient was taken to the observation ward of a local hospital, and from there transferred, after certification, to a county mental hospital, where he remained for about five weeks. The report accompanying him when transferred stated that no physical signs of any kind had been discovered. His blood Wassermann reaction was negative, and on investigation of the cerebro-spinal fluid the Wassermann reaction was found to be negative, the cells normal and Lange test normal. X-ray examination of the skull—the second carried out—disclosed no abnormality. In regard to his mental condition, he is described as having been admitted in a state of acute confusion, vaguely conscious of alteration in personality and mental capacity, with periods of gross amnesia, at times restless, agitated and hostile. The opinion was stated that the patient's condition was very suggestive of an organic lesion, of which a tumour was the most likely.

On admission to Northumberland House—about seven months after the accident—the patient appeared to be in a somewhat confused state of mind. He stated that he could not think clearly, and could not find words to express himself. He talked slowly, and his replies to questions seemed to be definitely delayed. He appeared to have an impaired power of recollection for recent events, and his memory for remote events seemed also to be defective. He was only able to give a fragmentary account of events during the previous few months, and orientation in time appeared to be affected. When questioned on the subject he declared that he had no recollection of an accident. He stated that he could not remember how he came to the hospital, and said that he felt quite a different person from what he used to be. Questioned on general topics he replied relevantly and was able to converse coherently. On physical examination the most striking feature was unsteadiness of gait, with a

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tendency to sway to the left. The pupils were large and equal, and reacted rather sluggishly to light and accommodation. He wore a belt for visceroptosis.

During the next ten days the patient's mental state showed no essential alteration, but he complained of numerous additional symptoms from time to time. These included localized headache in the left temporal region; fullness in the left half of the head and a feeling of relative emptiness and strangeness in the right half; pain in the back of the neck and in the neighbouring parts of the occipital region; pain in the left eye and a feeling as if it were pushed out; pain on pressure over an area in the left parietal and occipital region; dizziness from time to time, particularly on bending the head to the left; ringing in the ears; lack of "feeling" in his forehead and at the top of his nose. His gait continued to be characterized by a tendency to sway to the left and by the adoption of a wide base for standing and walking. His memory remained defective for recent and remote events. He said that he was puzzled as to how he got to the hospital and that he felt lost, as things did not seem to fit in. He appeared to become fatigued very easily, both physically and mentally; his powers of attention seemed impaired, there was difficulty in concentrating on any particular topic, and he took a long time to find words to express himself. He seemed somewhat depressed and anxious about his condition, and became rather irritable from time to time.

On the tenth day after admission a dramatic development occurred in the case. The wide range of symptoms, the incongruity of their combination, and their inconsistency, as shown, for example, by shrewd remarks made in a state of apparent confusion, had already aroused a suspicion that the question of malingering might have to be considered. On the day mentioned the patient asked to have an interview with all the doctors of the hospital in the presence of his wife, as he had something very important to communicate. This was not found to be practicable, but he was seen by both of us and made a statement to the following effect: He said that he had not been truthful in the description of his condition, that he had pretended to have symptoms which, in fact, he did not have, and that he had lied when he declared that he had no recollection of the accident. He gave an account of the accident, stating that he was walking along a street carrying his hat in his hand, and the next thing he remembered was a terrific knock on the left side of his head. He did not realize what had happened, but apparently did not lose consciousness or fall. He went into the building and spoke to the foreman. He had picked up the piece of metal which is said to have hit him and put it in his pocket. He said he had no idea at that time of claiming compensation; he felt dazed and stupid. After this he had no further recollection until he found himself in bed at home some time later. He could not say how he got home or what length of time elapsed. His recollection of subsequent events, he stated, was vague and indefinite. He felt, he said, that his personality had changed. He remembered telling lies about his condition, but could not help himself. He

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remembered the question of compensation being brought up and the sum of £250 being mentioned. He did not think this was sufficient, and persisted in his dissimulation because he wanted a sum which would be fair. He insisted that all he wanted was fair compensation. He declared that having once started to lie about his condition he found himself becoming involved more and more deeply until he could not see how to extricate himself. While in the county mental hospital he had tried twice to explain the situation to the medical officers but found he was unable to obtain a suitable opportunity. He declared that he was very worried about the whole matter now, and was anxious to get the certification if possible entirely annulled. He maintained that there were certain genuine symptoms present, such as headache, dizziness, and a feeling of falling to the right side (which was inconsistent with the objective sign of swaying to the left), and pain in the left instep of the foot which he attributed to the lumbar puncture performed on him.

This confession was made quite spontaneously and was given in a clear and connected manner, with the accompaniment of a good deal of apparently genuine emotion—tears rolling down his cheeks on more than one occasion. During the next few days, however, no obvious change took place in the patient's condition. He made a few interesting remarks such as—" I have studied a little psychology and there is a little resistance in me ", " My income tax is the hardest task in my business ", and " I have always the idea that I am getting worse and worse ", but he did not act as if the assumed mental disorder had cleared away. A few days after the interview he said that he did not remember the accident but that he remembered being told about it, and later he stated that he had seen another man involved in an accident and that he (the patient) had helped him. He added that people forced him to tell lies.

In view of these discrepant remarks he was interviewed again seven days after his confession. He then said that he had no recollection of the previous interview, and added that everything appeared to be mysterious—for example, why he was at Northumberland House. He denied ever having had an accident, and when asked if he remembered any conversations about an accident, answered rather vaguely, " Maybe ; I think I have been influenced to a certain extent by other people ". From previous remarks it appeared that he was referring to his wife. Two days after this interview he became more restless, irritable and excitable and on occasions violent, and in one of these phases he broke a window. He stated that he felt inclined to hit people but did not know what it was that irritated him. Several times he had to be given hyoscine because of his instability, and after a struggle with the nurses on one occasion he complained that one of them had hit him on the stomach with a slipper—a statement for which no corroboration could be found. A few days later the patient was discovered lying in bed with his pyjama trousers tied tightly round his neck, and on the nurse attempting to

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undo the knot the patient resisted and tried to prevent him. He became violent, smashed a flower vase, and again required to be given a sedative. On waking he appeared confused and depressed, said he wanted to commit suicide, and asked to be given something "really strong" that would do away with him, as his headache was agonizing. Next day he seemed much clearer in his mind, talked in a more connected and coherent way and asked for the first time to be allowed to go home. He said he was not insane, and that he could think clearly but had a difficulty in getting his ideas together.

Another well-known neurologist who examined the patient at this stage—about a month after admission—stated that in his opinion there were no signs of any organic lesion, traumatic or otherwise, in the central or peripheral nervous system. In the course of the next few days the patient stressed the fact that he thought another man had had the accident and that he, the patient, wanted the other man to have the insurance money. He added that at times he was not quite sure whether he was the other man or not, and said, "I have nothing to do with the accident. I think somebody has influenced me to say I have had the accident". It was felt that he should be given the opportunity to get out of a difficult psychological situation and he was asked frankly if he were pretending to be confused, to which he replied that he was not. Questioned about the confession he had made he said he did not remember it. Later, however, in the same day he said he did remember an interview, and declared that somebody had prompted him to state that he had had an accident. He added that a man who camouflages has to have patience, and he had no patience. "Supposing I hadn't had an accident," he said, "I would be a poor man"—which he corrected immediately to "Supposing I had an accident I would be a poor man". Later he remarked, "How could a man for a lousy £750 make a mess of his business affairs?" Some hours later in the same day he appeared very depressed and said he felt convinced that he was insane. The following day when the medical officer entered the patient's room he sprang up from his chair and raised his arms as if to strike, shouting, "Get out; I heard you call me a liar". His wife, who was present, intervened and was able to calm him down.

About this time he began to act as if he were influenced by auditory hallucinations, adopting a threatening attitude on occasions, and accusing different persons of saying he was a liar and that he didn't want to work. A day or two afterwards his condition became worse. He became more restless and confused and refused food. About 5.30 one morning he appeared to be in a state of collapse; the pulse was weak, the temperature was 95° F., his articulation being thick, slurring and hardly comprehensible. Later in the same morning two tablets were discovered in a drawer in his room. Questioned as to how he had obtained them, he gave a confused account of having been given them by a doctor while he was on the Continent, and admitted having swallowed two of them. His explanation was obviously fictitious.

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It was impossible for him to have had the tablets concealed as he suggested, and a new turn was given to the situation when it became known that the wife had visited the patient the day previously. The tablets were analysed and found not to contain any sedative drug, but an organic compound of sodium and arsenic. A fresh significance appeared when it was discovered later that the patient thought the tablets consisted of medinal.

This acute phase of confusion appeared, so far as could be judged, to be genuine ; it lasted about forty-eight hours, but he remained apparently dazed, irritable and hesitant in speech for about a week. After this he became clear and rational and continued so for about ten days. He then remarked that he felt a change in his personality, and thought that he might be leading a double life. He added that the question of compensation should not be brought up too often, but that his case should be proceeded with on a new basis of bringing the family together. This last remark became significant in the light of information that was obtained a little later about his wife. The following day he said that he wanted to make a statement to the doctor. He then made a detailed confession in which he admitted that not only had he been pretending most of his symptoms while in Northumberland House, but had been simulating right from the beginning. He declared that he had no recollection of an accident, and that his memory of the few days afterwards, before he went to the first hospital, was vague and indistinct. He remembered being worried about business affairs, which were not progressing well, learning that he had been diagnosed a case of concussion, and hearing that a sum of £250 had been mentioned as compensation. He felt most indignant at the insignificance of the sum, and admitted that after he had left the first hospital he bought some secondhand medical books and carefully read up the subject of concussion with a view to making his demonstrations more convincing. Before every interview with a solicitor or doctor he took large doses of medinal, and he admitted that on the occasion of the " fit " and when the diagnosis of general paralysis had been made he was under the influence of the drug. On two or three occasions, he stated, while in Northumberland House he had produced symptoms by the use of medinal. He was reticent when asked how he had obtained the drug, but his remarks left little doubt that it had been brought to him by his wife. He had " acted " hearing " voices ", he said, and his condition while in the county mental hospital was pretended " from *a* to *z* ". He had staged a period of violence there because he thought they were going to discharge him. His one desire, he added, was now to re-establish himself as a sane and honest man and he thought his only hope was to abandon all claims for compensation.

After this confession the patient remained in the same clear and rational state of mind. He complained of headache, dizziness, some blurring of vision and of sleeplessness, for which he was given a mild sedative, but there was no return of the psychotic type of symptoms. It became evident in the course

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of further conversations that he had been considerably troubled over business and domestic affairs, and it was worry over the latter that apparently was responsible for clearing up the syndrome. He had become suspicious that his wife had formed a friendship with another man and was losing interest in him. This he later found to be the case, and discovered that his wife was, in fact, contemplating divorce. He thought also that she was arranging to send him out of the country—which would have been ruinous to his means of livelihood and future prospects. These anxieties seemed to have acted as the stimulus which led him to make his final confession.

The patient was kept under observation for a further period of three weeks, during which time he remained normal, clear in mind, lucid in conversation and consistent in the account he gave of himself—which we were able to verify in a number of particulars. He reaffirmed his decision not to pursue the action for compensation. His wife and his solicitor were informed of the development that had taken place in the case, and by the former's instructions the patient was discharged from certificates and left the hospital, $2\frac{1}{2}$ months after admission. We heard on two or three occasions after this from both the patient and the wife, and it was evident that considerable dissension was taking place between them. But three further episodes complete the record of the case. The first was that nine days after his discharge the patient came to see one of us and said that he had changed his mind and now intended to continue with the action for compensation. He stated that one of the reasons was that he was in debt and needed the money. He admitted the malingering, but declared that as the result of the accident he suffered from a number of symptoms such as headache, periods of confusion, impairment of memory and loss of concentration. He had, he said, been examined by another doctor, who had informed his wife that he was suffering from " progressive paralysis ". He wanted to be reassured on this point. The second development consisted of a communication about six months later from the man's solicitor to the effect that the patient had been examined jointly by a psychiatrist and neurologist—both very distinguished in their respective spheres—and as the result of the serious report they gave of the patient's condition and future prospects the insurance company settled the matter out of court by awarding the patient a sum of money amounting to nearly £2,000. The third episode occurred about a month later when the patient again visited one of us and gave further details of the award which had been made. He admitted frankly that he had " taken in " the neurologist and psychiatrist whom he had last seen, and on whose report the award had been made. He indicated that he was having a " good time "—" enjoying good food and good wine ". His physical condition had improved and he had put on weight. The domestic difference had apparently been settled; he was living apart from his wife and was on the look-out for a new partner with whom to commence business again.

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This is an unusual case, but it serves to show the possibilities that are open to a clever and determined person. Few people after reading the foregoing account will doubt that the man was a malingerer. At the same time it has to be admitted that scientific proof is lacking, as there are no tests which enable one to distinguish with accuracy a psychosis from a simulated condition. Verification is made more difficult by the fact that the man could, without any doubt, have been able to produce at will a "relapse" of the symptoms which in all probability would have satisfied a court of law. It is generally held that insanity is rarely feigned, and that the majority of cases described as such in earlier records were errors of diagnosis. Persons who simulate psychotic conditions are said either to be predisposed to these disorders or to have previously suffered from insanity.* There is probably a good deal of truth in this statement—at least if we substitute the wider concept of mental abnormality for psychosis. When we remember also the advance made in the study of abnormal psychology in recent years, and the greater facility this has given us of diagnosing abnormal mental states, the statement gains additional weight. In regard to the case we have described, the limiting possibilities are that it was a case of pure malingering on the one hand or, on the other, a psychosis brought about by injury to the skull. Absolute malingering we may eliminate from consideration as there is no likelihood of ever obtaining accurate evidence on this point. The alternative of severe injury was the one accepted by all the other doctors who were associated with the case. On this point it is interesting to note that no external mark of injury was ever discovered by any of the doctors who examined the patient, and no damage to the skull was found by the X-ray investigation—which was carried out on two separate occasions. The only evidence that an injury had ever been sustained came from the man's own report, and from the statement of the wife that she had noticed a swelling on the scalp. It was significant, however, that she did not obtain medical advice until six days had elapsed after the accident. From the patient's description of the size and weight of the piece of metal that is alleged to have hit him it is incredible that it could have done so without at least producing a wound on the scalp—probably a considerable lacerated tear with much bleeding—especially as his hat was not on his head at the time. It is a distinct probability that no injury ever occurred on the occasion in question, and the very self-possessed action of the patient in walking into the building and interviewing the foreman, in spite of the "terrific knock" he said he had sustained, lends support to this view. It is further significant that his recovery was rapid, if not immediate, after compensation had been paid, although the amount of this had been decided partly upon the assumed pathology and the bad prognosis that had been given at the final examination of the patient.

Apart from pure malingering and serious injury, however, there are other

* *Malingering*, A. Bassett Jones and Ll. J. Llewellyn, 1917.

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possibilities that fall to be considered. If we assume that a slight injury did occur, the case might then be similar to a traumatic neurosis in which unconscious exaggeration of symptoms takes place. On the other hand, it is easily credible that deliberate exaggeration of symptoms arising from such an injury may have been carried out—a syndrome which would require to be distinguished both from pure malingering and genuine traumatic neurosis (or psychosis). In this connection it is interesting to note that there is evidence to support the view that a genuinely abnormal state of mind may come to be developed in this way. Collie remarks* that the simulation of melancholia may actually bring about the condition that is being feigned. Another alternative is that the injury, if admitted, may have brought about an alteration of personality, as sometimes happens in such cases. Some plausibility is given to this theory by remarks of the patient to the effect that he felt a different person, that it was another man who had had the accident, that he seemed to have a double personality, and that he told lies about his condition but could not help himself. This attitude, however, was far from being consistent, and the fact also that the patient admitted he had obtained books and read up the subject and actually confessed that he used the expressions mentioned above to deceive the doctor—to say nothing of his subsequent rapid recovery—enables this hypothesis to be discounted. Finally there is the possibility that we have to deal with a psychopathic personality apart altogether from the question of an accident. There was no record in the personal history we obtained of any previous nervous or mental disorder, but the only source of information open to us was the patient's wife, whom we did not look upon as reliable. In all probability adequate knowledge of the patient's history and personality would disclose the existence of psychopathic traits. But unless we assume simply that the man was an exceptionally clever rogue willing to go to great lengths to achieve his ends, the evidence strongly points to the fact, no matter which of the diagnostic possibilities we may accept, that a considerable element of malingering was present in the case. A definite and adequate motive existed. The patient was in financial difficulties, and his references to compensation showed that the subject was frequently if not constantly in his mind. The evidence of injury was remarkably inconclusive; the features of the mental disorder were inconsistent. The patient confessed to taking medinal to produce symptoms and admitted reading up the whole subject. These facts together with the clearing up of the symptoms after compensation had been paid and the confessions he made all go to make this conclusion obvious. A confession in itself is not, of course, decisive evidence of guilt. It may be the result of an abnormal state of mind, as are many confessions of crimes, for example, that are made to the police. Or it may be only partly true, and in this case it is probable that his admissions were never frank and honest. His first

* *Fraud in Medico-Legal Practice*, Sir John Collie, 1932, p. 119.

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confession was probably a "try-out" to see how it would be taken by the doctors. It seemed to be a fact that he had become involved in his deception more deeply than he anticipated—not many persons would go so far in simulation as to consent to be certified and sent as a rate-aided patient to a mental hospital—and could not see the way out. He had also become alarmed at the attitude of his wife. There is little doubt that she was assisting him in the deception, but she had formed a friendship with another man, wanted a divorce and contemplated sending him out of England. As she was the breadwinner and he only her manager it was an important development for him and formed the incentive for his "recovery," to enable his discharge from certificates to be obtained. The case illustrates the care that needs to be exercised where a compensation motive is concerned.

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