MALINGERING: EXAMINATION OF THE UPPER EXTREMITIES.

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It is a mistake to assume that because a soldier is detected in an obvious over-statement of his case, that he is therefore a malingerer. Most men of this class have little capacity for stating their disabilities clearly, and being naturally anxious to make sure that their complaints will receive adequate attention, they are apt to exaggerate them. Allowances should be made also for their incapacity to express themselves clearly owing to defective education and their diffidence before their superior officers. I have often seen men who, though genuinely deaf enough to render them wholly unfit for active service, think it necessary to act as if they were stone deaf, and thereby prejudice their case.

When all allowances have been made, there are still many who attempt to evade duty by malingering. Those who are not accustomed to dealing with soldiers should therefore treat them very warily when, as so often happens, there is an entire absence of objective signs, and when the whole clinical history is represented by the allegation of subjective sensations. Nine-tenths of the subjective symptoms (not, of course, the physical signs) met with in trifling accidents are the result of auto-suggestion. Lawyers say that circumstantial evidence is often more valuable than direct evidence; the method of a malingerer or a neurasthenic in narrating his symptoms is often more informing than any abnormalities found on physical examination.

Most of those who are doing temporary Army medical duty have had to deal only with private patients, where malingering is practically non-existent. To boast that one never makes mistakes betrays a want of knowledge of human nature; to believe it, proves one's incompetency. The detection of malingering is not so much a question of scientific knowledge as of the personal equation and capacity of the medical examiner.

Most errors in medical work arise from either haste or want of thoroughness when conducting an examination. Thoroughness is the keynote of all examinations which are of any value. In few things does the old adage that "What is worth doing at all is worth doing well" better apply than in a medical examination.
The following observations and simple experiments, which I have found useful in the particular class of work I have been engaged in for many years, may be useful to others:—

**ALLEGED WEAKNESS OR INABILITY TO CLOSE THE FIST.**

The forearm is bared and the soldier's fingers are partially flexed (passively if necessary) on the palm. The examiner, flexing his own fingers, interlocks them with those of the patient, asking him to close his fist, thereby squeezing the examiner's fingers. It is now explained to him that an attempt is to be made to straighten his fingers forcibly and he is directed to resist it. Not infrequently no attempt at resistance is made, and the fingers are straightened with very little if any force.

The examiner should now palpate the anterior surface of the forearm, when he will probably find that the flexor muscles are soft and flabby, not having been put into action. If what has been done is now explained in simple language and he is told how it is now known that he is not really attempting to close his fist, the experiment on a second trial is often found to be successful, and the soldier resists extension of the fingers, showing that their flexors are not powerless.

The success of the malingerer depends upon his skill in filling in the whole picture of his alleged disability, and want of accurate medical and anatomical knowledge leads to his undoing.

The difficulties which beset medical examiners are exemplified by the following somewhat unusual cases of fraud, of a particularly clever nature, which came under my observation not long ago; no credit is due to anyone for having discovered it, inasmuch as the information was vouchsafed by a fellow-patient in the hospital, where the impostor was under treatment.

A man, aged 29, who had been four years in the public service, complained that his left hand became blue at times and that it felt cold. The condition was diagnosed as Erythromelalgia. As the blueness, etc., persisted at recurring intervals, he was sent to a hospital, where he received electric treatment. Whilst in hospital the unusual symptoms excited much interest, some sympathy, many theories, and an anonymous letter, which ran as follows:—

"I wish to put you behind the scenes with regard to the man you are now treating in this hospital who is supposed to have hurt his shoulder whilst at work. Perhaps, like some other doctors, you cannot understand his case exactly. Let me explain something to you, and then you can get at the root of it all. This patient, by a
simple twist of the shoulder, can put the same in and out of socket at will without the least trouble, this no doubt causing compression of the blood-vessels, hence the root of supposed trouble. You can satisfy yourself of this by noting height of shoulder position of blade-bone in back, etc., when examining. You will also find patient is able to twist and turn arm in any position when in or out of socket; you will find this perhaps a rare and strange incident, but all the same a fact. Perhaps a talk of operating on his trouble will soon cause you to lose your patient.

"Cause: supposed injury whilst on duty.
"Result: invalided and pension.
"This is no idle communication. Trusting you will treat this in absolute confidence is the wish of "A Lover of Justice."

The suggestion that the communication was to be treated as confidential was naive, as it was anonymous! I tried to get the patient to dislocate his shoulder for my benefit, but he professed the most profound innocence. He was, however, discharged from the hospital and ordered to resume duty. The fact that he resigned his position in the public service a few weeks afterwards gives colour to the suggestion that he desired to leave the service and that his illness was an attempt to obtain a pension for life.

I made careful inquiry as to his after-history, which was not one of invalidism or idleness.

If an unusual group of symptoms alleged are compatible, it is unwise to disbelieve in their existence until you have thoroughly sifted each separately.

**ALLEGED LOSS OF ABILITY TO MOVE THE ELBOW-JOINT.**

Slowly flex the elbow-joint and then gently but with an exhibition of force, suddenly attempt to straighten the forearm; when the power is not lost there will be an involuntary resistance to extension, due to sudden contraction of the biceps which the simulant, taken unawares, unconsciously exhibits.

**ALLEGED INABILITY TO RAISE THE ARM ABOVE THE HEAD.**

(1) If, as so frequently happens, it is alleged that there is no power to raise the arm, it is difficult to disprove it, if not genuine. The examination of the shoulder should be completed, and the soldier's attention directed to the examination of his back. He is asked to bare the back and to stand with both hands resting lightly on the back of a chair, and a painstaking examination of his back is made. With a view to doing this thoroughly he should be induced gradually to step backwards away from the chair, still
resting his hands lightly on it. This of necessity extends his arms above his head. The whole body is now in a horizontal position, and the hands are then actually high above his head, although the soldier usually does not recognize it, because he is now in the horizontal instead of the vertical position. Allowance must be made for the support afforded by the chair in considering the weakness of the shoulder muscles.

(2) Another method is as follows: The arms are raised at right angles to the body in a horizontal position, and then suddenly all support is withdrawn. If one arm is really incapable of being raised voluntarily, it will drop limply to the side when the support is removed. If there is no real disability the arm sometimes remains in the position in which it has been placed for a second or two, and then is gradually allowed to fall to the side, showing that muscular power is not lost.

Sir Hector Cameron tells the tale of an easily won victory in a difficult shoulder case:—

In the Scottish Courts a witness is always sworn by the judge himself. The ceremony is more imposing than in the English Courts: the judge stands and, with uplifted right hand, orders the witness to do the same and to repeat the oath, sentence by sentence, after him. Not very long ago a witness from the country, who alleged his complete inability to raise his right arm higher than a right angle, sued a wealthy railway company for damages. The case was tried in the High Courts in Edinburgh; the plaintiff was the first witness, and the President of the Court, beseeched with the brilliant robes of his office, suddenly arose and, addressing the plaintiff, ordered him in somewhat stentorian tones to hold up his right hand and to repeat after him the words: "I swear by Almighty God as I shall answer to God in the great day of Judgment," etc.

The scene was so imposing that it brought about a condition that many doctors had failed to effect, for the plaintiff, forgetting his disability, shot his arm high above his head and repeated the oath as requested—and so the case had an unexpected and happy ending!

If it is stated that the arm cannot be raised above a certain level, the exact height should be noted. By insisting that this shall be done several times, the height may sometimes be found to vary. A shoulder-joint, if fixed as the result of severe or chronic arthritis, always shows some atrophy of the deltoid and other muscles in the immediate neighbourhood of the joint. In slight cases this may amount only to flabbiness, but in prolonged cases there is always more or less actual wasting of the muscles. Note whether the alleged pain corresponds to the distribution of nerves. It is a good
plan to watch the facial expression when a joint which is alleged to be painful is being moved; this can sometimes be done unobtrusively by placing the patient in front of a mirror and examining the joint from behind.

The following is a good illustration of the class of ease in which nothing but an enforced return to work, in spite of the little disabilities which must attend it, will be effective:—

A. O. fell through a hole in the floor whilst at work. He alleged that he dislocated his right shoulder and fractured his clavicle. I saw him a few days later, when it was apparent that he had neither a dislocation nor a fracture. A radiogram showed old-standing rheumatism of the shoulder-joint. Seventy days of idleness had the effect of causing him to express himself as being "worse rather than better," but it was obvious that he had recovered. When asked to move his shoulder his efforts were grotesque. I had him anaesthetized and found the joint quite movable. He was now told that if he did not go back to his ordinary work and do it, he would be reported as a malingerer and lose his pension, which in time he would be entitled to. By some mistake he was put to light work but would not do it. The implied sympathy of light work had a bad mental effect. He was sent to me again, and I let him clearly, definitely and finally understand that this was his last chance, and that unless he did full, laborious work, which I had arranged for him, he would be dismissed as a malingerer. He went back to work and has worked satisfactorily since.

If loss of power in the shoulder, hand or arm is alleged the following experiment is useful. The soldier is asked to take hold of a small trapeze fixed to the ceiling by a block and
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tackle. He is then slowly raised a few inches off the floor and encouraged to hold on as long as he will with both hands. If he does so, he suspends his weight (probably some ten or eleven stone), and the inference is obvious.

To prove that he is really suspending half his weight by the alleged injured limb, a cross-bar may be placed loosely through the triangle of the trapeze, and whilst he supports himself by holding the ends of the loose cross-bar he is once more lifted off his feet. If he allows himself to be raised from the ground it is obvious that he must be using equal strength through each hand, otherwise the cross-bar would at once slip sideways.

J. N. joined the Army in September, 1914. He was fully trained, and in six months went to France, where he at once put himself on the sick list and was admitted into a base hospital, his complaint being diagnosed as sciatica. As soon as he ceased complaining of sciatica he developed spasmodic torticollis; he was sent back to England, treated by means of radiant heat, etc., and eventually sent to the Royal Bath Hospial at Harrogate. After some six weeks' treatment he recovered from the torticollis, but developed a spasmodic contracture of the right shoulder and muscles of the forearm; for this he was massaged and had high frequency treatment. Later he was transferred to a different hospital, where the same treatment was continued. Subsequently he was sent to London, where he was massaged by a number of ladies.

Early in December, 1915, nine months from the date on which he had first complained on being sent to France, he came under my observation as a member of the Travelling Medical Board for the London District. His right wrist was bent at right angles to the forearm; his hand was tightly clenched and held so firmly that it seemed as if the wrist were ankylosed. The case was obviously a functional one, and I suggested to the man that I should obtain his admission into a hospital and get him cured, but he at once said he did not wish to enter a hospital. Fortunately his consent was not necessary, and by arrangement with the medical officer of his unit he entered the Maida Vale Hospital for Nervous Diseases. Before doing so, he did his best to persuade the medical officer that further hospital treatment was unnecessary, stating that he was now able to straighten his arm, and that he was now applying a splint to keep it straight. I insisted, however, upon the order being carried out. In the institution at first he progressed slowly. He was told that if he recovered wholly within fourteen days I would arrange for him to be again brought before the Travelling Medical Board, when I would use my influence to have
him classified for Home Service only. Before the fourteen days had elapsed, in my presence he suspended his weight on a trapeze and pulled himself up to his chin on it, and lifted a twenty-eight pound weight with his paralysed hand. In short, he wholly recovered. He is now doing full duty with his unit.

This case is not one of deliberate malingering, but a mixture of functional disease and obvious desire to avoid active service. When he appeared before the Travelling Medical Board for a final decision of his case, I noticed that there was a tendency to assume the old paralysed position until he was sharply called to order, when his arm again assumed the normal position. That this should have happened under these circumstances, for he knew I was in possession of the facts of the case, is strong evidence of the neuropathic character of the case.

The fact, however, remains that this man, by assuming one functional nerve disease after another, prevented himself from facing the enemy, and only recovered when a bargain was made with him that he would not be required to fight and when it was brought home to him that the true nature of his case was diagnosed (for I did not scruple to tell him quite frankly that in my opinion he was an arrant coward). The direct, forcible treatment of his mental condition and an appeal to his lower instincts were immediately curative and of infinitely more value than the radiant heat, high frequency treatment, three months at Harrogate, and the application of massage.

I hope in subsequent articles to deal with fraud connected with alleged injury of the lower extremity and the back, and with various alleged neuroses.