

THE VISION OF THE SOLDIER, WITH SPECIAL REFERENCE TO MALINGERING.

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(Continued from p. 429, vol. xxvi.)

III.—THE DETECTIVE.

THE detection of malingering is the only kind of professional sport in which the eye specialist in the Army can indulge. There are no rules in the game: the adept becomes such wholly through his own unaided efforts. A knowledge of men, of the broad technicalities of a wide variety of occupations and callings, a little histrionic gift in assuming in expression and manner a character in sympathy with or antagonistic to the scrimshanker—these develop a special sense which becomes intuitive. It may be the result of piecing together a host of minutiae, comparing them, selecting some, rejecting others, till the brain acts almost automatically.

In this detective work, irksome and annoying as it can be at times of pressure, sometimes there is a compensating element. It is a question of man to man, and brain to brain. The examiner assumes disguises of face and voice in trying to plumb the depths of the suspect's mind. He may give the idea of being extremely casual, or fussy, uninterested or absurdly inattentive. Deliberate clumsiness with his papers or a sudden break-off to chat with another medical officer: these are the phases designed to distract or bewilder the suspected soldier, and to leave him in doubt as to whether the examiner is a fool to be hoodwinked or a man who stands no nonsense. Nevertheless, when the evidence is obtained, the examination is exhausting and wasteful of time. Every artifice, therefore, is justifiable to demonstrate to the would-be shammer that he is before a medical officer who "needs no ghost to teach him."

Compared with other diseases of which the malingerer makes the most, veritable defects of vision are the least difficult to ascertain because of the enormous advantage gained through the use of the ophthalmoscope. The uneducated soldier, or even the private patient, does not realize that by its means the specialist can be entirely independent of anything the patient may tell him, and his report, as often as not, will be based not upon what the soldier says he can see, but upon what the medical officer can see. In contrasting military with civilian malingering, we have to seek for the motive. In a civil case the plaintiff alleges that the impairment of his vision is due to the negligence on the part of the defendant, who may

be his employer. A full investigation, however, might reveal a very different state of affairs. The lure of damages is all-powerful, and thanks to cumbersome and leaden-footed procedure, he has time to study his case and be coached in the tests to which he will be submitted. Thus the element of surprise, invaluable in these cases of feigned visual defects, cannot easily be demonstrated in court. If he gains his case, the likelihood is that the greater part of the damages will find its way into the pocket of the disinterested attorney who so kindly volunteered to take up the case out of righteousness and philanthropy. If he loses his case, the chances are that the defendant will have the burden of costs cast upon him: if the plaintiff loses anything, it will be merely his job. The civil malingerer, besides, has this advantage that he is independent of all control. The civil examiner cannot, dare not, adopt towards him the tone that the medical officer can towards the soldier who is under military discipline, no matter what is wrong with him. The medical officer again, has this advantage over his civil colleague, that he has not to be subjected to the cross-examination of some junior member of the Bar, more anxious to show that "doctors differ" than to watch over his client's interests, oblivious of the fact that lawyers themselves, more than doctors, differ even in high places, hence the Court of Appeal, and the House of Lords.

The medical officer has to combine the functions of three separate persons in the case. As magistrate he has to sum up the evidence which he obtained as prosecutor, and if he refers the matter to a higher court, he becomes the principal witness for the Crown. In any capacity it is needless to say that he must be strictly impartial, and before he concludes that a man is malingering, he must be so sure of his grounds that he is prepared to uphold them on oath.

Many men, at a first glance, suggest malingering because of the dull, unintelligent expression that sometimes has been found in myopes, but no medical officer who values his reputation will commit himself to a positive statement until he has excluded every reasonable explanation for a man's alleged visual defect.

For military work the medical officer should have some knowledge of musketry training, and appreciate the difficulties that the recruit has in taking aim. If possible he should have his own accuracy tested by the triangle of error. For gunnery he should understand the various sights, the size of their figures, and the special work of a battery. These are practical points, and a stray question of a technical nature may hint to the soldier that further deception is unwise, and often provide a clue. Similarly a little sympathetic comprehension of some part of a man's civil occupation may divert his attention and give an opening for a surprise question.

Unlimited patience, irony, provided that it is not too intellectual, and incessant vigilance, are qualities which must be cultivated. Bluster is

always a feeble weapon, and abuse is unpardonable. A carefully worked-up show of virtuous indignation should be kept in reserve till the chain of evidence is complete.

Even though there may not be any case of suspected malingering in the day's work, advantage can sometimes be taken of the surroundings to influence the men waiting for examination. In the medical inspection room or the recruiting office seclusion is not always to be had, and a man may be examined in presence of others waiting their turn. This sometimes is helpful for it lets it be seen that no favour is shown. It enhances the medical officer's reputation when the bystanders, who are taking note of everything, see the vision of a myope, who could barely read $\frac{6}{80}$, raised to $\frac{6}{9}$, or $\frac{6}{8}$ by the first trial lens applied. It was not for nothing that the medical officer had seen the man reading a newspaper and had made a mental note of his far point. Men wearing glasses for aphakia are a godsend. Their spectacles betray the condition of their eyes, and it is somewhat disconcerting to the patient when the medical officer says across the room, and without having made any examination, "When was that eye operated upon?"

No small responsibility lies with the first medical officer who examines a man capable of malingering. If he fails to convict him, detection on the second examination by another medical officer is difficult; on the third it is almost hopeless, for the culprit, by these proceedings, has learnt the kinds of answers to give. The malingerer makes the simple statement that he cannot see certain letters. It is for the medical officer to prove that he can, and the oft-examined malingerer knows this. He can reverse the position and play with the examiner just as the first examiner ought to have played with him. How he is to be dealt with will be considered later.

Harassed War Pensions Committees, divided between ill-judged sympathy and misplaced zeal, add to the numbers of delinquents, and the perplexities of the medical officer are not unravelled by the knowledge that he is helpless to enforce punishment, far less to advise it, when a glaring case of fraud on the part of a pensioner is exposed.

Often he has to depend on the use of the *mot juste* for stopping an epidemic of malingering, and in the following case he was successful.

An ophthalmic centre was overcrowded by men from a labour unit whose trivial visual defects became alarming when a revision of categories was rumoured. No clear case of malingering presented itself till one morning when the *deus ex machina* arrived, questionably *deus*, but certainly *ex machina*, for he was brought in an army service wagon. He failed at $\frac{6}{80}$, and as a searching examination and tests discovered nothing he was put back for a further examination later in the day. This, after much self-restraint on the part of the medical officer, resulted in the admission of $\frac{6}{8}$, of which he had been certain from the beginning.

Having landed his man and obtained the evidence, the medical officer

took him to task for having wasted two hours of his time and finally asked him, "What do you think I am?" The malingerer hesitated. "I suppose you are a sort of medical officer." "No," said the medical officer decisively, "I am a detective."

As eye cases from this unit suddenly fell off, the inference is that the malingerer warned his mates that they had better not have their eyes examined up West as there was a man from "the Yard" there.

Thus an unpretentious lie eased the yoke and lightened the burden of an overworked medical officer.

IV.—MALINGERING AS A FINE ART.

We now come to malingering as a fine art, whether in its practice or its detection.

Before we go further into the matter, however, it must be emphasized that the cases of malingering which the writer met with were found in a *civilian* army, that is, an army formed somewhat on the lines of a continental army raised by conscription, in which the able-bodied citizen had to serve his time. In this *civilian* army, comprising men from every stratum of society, were to be found those who would have been shirkers and scrimshankers in any calling or walk of life. When the law stretched a point, worn thin all but to infinity, and recognized "conscience" as an excuse for breeding disease widecast, and for ignoble surrender not of the "objectors" homes alone but of hundreds of thousands of other homes as well, "conscience" became a proprietary article with a Government stamp marked "Duty-free," free of duty to the land of their birth.

Quite otherwise was it with the men of the old army. It has been pointed out in the first chapter that before the war, our army was composed of men who for a variety of reasons enlisted for the purpose of becoming soldiers. That was to be their profession, hence their effort to "pass the doctor" by making light of any defect of which they were conscious, hence, therefore, the silence of our text-books on the subject of military malingering. Clearly it would have been absurd to have discussed what hardly existed. But, as was said, again in the first chapter, compulsory enlistment swept into the net men who by any device or disguise, not having the wit to plead "conscience" which is concerned with the mind, fingered their bodies all over to discover some "disability." Others who had lit upon some physical defect, showed their patriotism by wandering from one recruiting station to another, and making a substantial collection of certificates of exemption, but there was nothing in these papers, or in their bodily condition, to prevent their indulging in violent Swedish exercises on public platforms or behind the footlights. If the medical officers of recruiting boards had seen some of these potential malingerers at their civil occupations they might have taken a different view of the matter.

Reservists, men of the immortal Expeditionary Force, who to their eternal glory held the line, were not frequenters of the medical inspection room. It must be made clear, therefore, that malingering as to vision in the regular army was negligible, in the civilian army it was found for the most part, if not wholly, in men who would have malingered in any case, not as a pretext but as a habit. Malingering has not died out with demobilization. It is a virus which has to be reckoned with, and its existence, morally and economically, cannot be ignored.

Although the hardened inveterate malingerer has not about him physical signs which can be interpreted as pathognomonic, nevertheless he has a bearing, an air, which those experienced in examining soldiers can recognize without however being able to describe how they do it. One man may be furtive, with a shifting look about the eyes, another may affect the smart soldier, prepared at first to brazen it out and "cheat the doctor," but this guise is difficult to keep up, and sooner or later the secretive regard is unconsciously resumed. It is one of the malingerer's characteristics that with the aches and pains of the whole kingdom of his body to exploit, often with fair success, he should choose his eyesight, the one sense that can be examined completely and independently, without reference to any story that he has made up.

He may attempt to demolish any suspicions by an innocent candour and simplicity, but this is rare and calls for intelligence. It is not uncommon for a man to say that he does not want to leave the army. He yearns for service overseas, to avenge some fictitious brother who has been "done in." This is an old trick, but the whine in the voice does not betoken wild enthusiasm or blood-thirstiness.

Every soldier who presents himself with a complaint as to his eyesight knows that he is face to face with his superior officer, and that military discipline is not suspended in the medical inspection room. Possibly this alone influences men who up to the last moment had made up their minds to "try it on," but thought better of it when they saw with whom they had to deal.

Every examination should be conducted with the utmost fairness, and even though the medical officer has his suspicions, nothing on his part should betray impatience, or lead the man to think that his statements are not believed. Nothing, however, should escape observation, for malingering may be discovered quite unexpectedly, and therefore every incident, no matter how trivial should be noted.

The man's B. 178 as often as not is silent as to his vision, it may be a temporary paper with nothing but his name. It may be covered with large rubber stamps or broad flourishing signatures which leave no room for the entering of the material points. It is of interest to state that in one B. 178 of the year 1906, there was no blank space for the record of vision.

While the man's particulars are being taken, name, rank, number,

unit, etc., it is easy to run the eye over him and to note if he answers smartly and civilly, if his uniform and person are tidy. His hands may provide a clue if, after the preliminary examination, his bearing is unsatisfactory. A dock labourer's hands are not soft, unless he has just come out of hospital before enlistment. A man who says he was a clerk in civil life has not horny hands and black broken nails, unless he had discharged his duties with such zeal as to attract the interest of the police. The civil occupation does not always bear a true relation to the actual work done. A man may say he is an optician, a calling requiring good visual acuity, but he may have been only a hand in an optician's shop, cleaning windows, washing floors or polishing brasses. A lad with dense corneal nebulae said he was a bootmaker, but he proved to have been employed on account of his voice by a Whitechapel bootmaker, to cry his master's goods to the passers-by. In every calling there are grades not all demanding the same visual acuity, so if the matter is of interest, the medical officer may push his inquiries. Much may be observed while asking the man about his symptoms, but once more it must be pointed out that there may be nothing against the man except that indefinable "something" which has caught the medical officer's eye. If the man has already been tested by other specialists who have failed to make anything of him, the likelihood is that he will have all his answers cut and dried and the task will be the more difficult.

The routine practice of taking the vision for distance is then proceeded with, and now every glance or movement is important. A card is placed over the left eye with its edge just touching the side of the nose. The man winces. "Surely that didn't hurt you." The man lowers his head, rubs his eyes, and is given a moment's rest. He may say that the light troubles him. Again the card is applied. He repeats questions instead of answering them, and when told to fix his attention on the test-types, stares at the examiner instead.

By this time the medical officer is not surprised that the man says he can only see $\frac{6}{36}$. At this stage the Bishop Harman diaphragm test is applied. It should be explained to the man that all he has to do is to look through the little square hole and read the letters that he sees through it. Both eyes are kept open. The medical officer covers the letters with one hand and applies the small end of the instrument to the man's upper lip. The hand is now removed and the movements of the man's head and eyes carefully watched. The moment the slightest attempt is made to turn the head to one side the apparatus is to be taken away quickly and the test begun again. If the man reads all the letters, binocular vision is proved. The test for distance is resumed and the man encouraged a little to commit himself. The head is thrust forward, the brows knitted and $\frac{6}{24}$ is spelt out slowly and incorrectly. The same result is obtained with the left eye. Without waste of time the ophthalmoscopic examination is made. The man turns his head aside, will not fix the eyes, or slowly closes the

lids. He may wince when the light from the mirror is thrown across the pupil. One man complained that the light hurt a healed wound in his arm. The remark, "Thank you; that's exactly what I wanted to know," did not convey any meaning to him, but it gave a clue where malingering was the last thing expected.

When a man is stubborn and refuses to open his eyes, or keeps fluttering his lids, it is best to say at once, and sharply, "You are wasting time. Go outside and think whether it is worth while"; or, "This examination must be made even if I keep you here over the dinner-hour." It is for the medical officer to decide, from his impressions of the man, whether it is wise to let a suspect mix with the others in the waiting-room. Public opinion—that is, theirs—may have some influence, for a party coming from some distance under charge of a non-commissioned officer may be kept waiting long after the others have been examined, owing to the recalcitrancy of one of them.

Let us suppose that the ophthalmoscope has been tolerated and that nothing abnormal has been found. The medical officer then assumes his walk-into-my-parlour attitude, and the struggle with trial lenses begins. The trial-frame is fitted with a + 10 D. for the left eye, and a + or - lens, under 1 D. for the right. The medical officer adjusts it on the man's face with his hands, covering the lenses so that nothing can be seen through them till the frame is in its place. The man is then asked to read, his eyes being always under observation. The moment an attempt is made to close one eye, the medical officer's hand should be brought up quickly so as to cut off the view. If the man with both eyes open can read better than $\frac{6}{24}$ or $\frac{6}{18}$ with the low + or - lens, the presumption is that he can get still further, the amount of improvement being out of all proportion to any refractive error present.

The medical officer having obtained a clue, can now indulge in some more encouragement by saying, "Very good," or "Perhaps I can help you a little more." Standing in front of the man he makes some play with the lenses. Never neutralizing the + 10 in the left with anything higher than a - 1 or 1.5 D., he intentionally makes a mess of things by putting up a + 3 for the right, and notes the effect. A "white" soldier, with a genuine error, generally laughs and says, "That's awful," or "Napoo," or "Wash-out," feeling that the medical officer's efforts to help him, with perhaps a word or two of chaff, have relaxed discipline somewhat. The malingerer, on the other hand, replies in a different, possibly sullen manner. He says, "No," or "No good," or turns his head away from the card. The + 3 is then gradually reduced until $\frac{6}{12}$ or better is admitted with a - 3 beside it. The medical officer may feel content with this result, or may go further. In any case he has his data.

This neutralization is the commonest test applied, and is familiar to all, but were a proficient in the art of malingering to be subjected to it, all that he would need to do, on the defensive, would be to decline to admit any improvement at all, no matter what the glass was.

There are, of course, variations. Instead of the interchange of lenses with both eyes open, the left eye may be occluded by a blank, and the right provided with a + 8, which is gradually neutralized, the amount of vision at each stage being noted as the artificial myopia is corrected.

Tests such as these rarely fail when the malingerer is a neophyte, and the result is arrived at the more rapidly when the medical officer assumes in the soldier a virtue, though he knows that he hath it not.

But should this test fail, there is nothing for it but homatropin, retinoscopy and a further ophthalmoscopic examination to see if nothing has been overlooked. The psychological effect of the mydriatic is valuable. The soldier, sitting on a bench in the inspection room, finds everything becoming more and more dim. He does not understand that the confusion of vision is only temporary. He wonders if it was quite worth while to be "up against" the examiner. He is kept waiting, he wants his smoke, he is hungry. He dimly sees, but hears others of his party spoken to with sympathy. He catches the remark made to one, but really for the benefit of himself, "You will get your spectacles, and for the first time in your life you will see the pictures," and he begins to admit to himself that he has been a fool.

When his pupils are dilated, he is taken once more into the dark room. By this time he has realized that he will not see much of the football match in the afternoon, or the cinema in the evening with his best girl, and he capitulates.

These remarks may appear far-fetched, but the habits and idiosyncrasies of the soldier are worth studying in all their aspects.

In the dark room the refraction is accurately estimated and all pathological conditions are excluded by a searching ophthalmoscopic examination. Once more before the test-types it is a relief to him to be brought back to clearness of vision by means of appropriate lenses, and after admitting his foolishness he is dismissed with a warning in soldier words.

If, however, his resistance is too strong to be broken down, it may be gently suggested to him that his vision puts him in a category as fit for labour in the line. Should this yet fail, the medical officer in the last extremity can frame his report in the following words:—

Vision, R. $\frac{6}{8}$; L. $\frac{6}{8}$. Answers unsatisfactory.

Media clear; no pathological condition present in the fundi.

Refraction normal physiologically by retinoscopy under mydriatic.

Presumptive vision normal. N.A.D.

The foregoing is an account of the usual run of cases in which a visual defect is pleaded. Many of these arise at the beginning of a recruit's first experiences on the range, and a good deal could be done to prevent attempts at excuses were a little patience exercised. Soldiering has to start with education, and despite his training, a man still retains some of his individuality, just that inextinguishable trace that nothing can drive out of him—that personal undaunted trace which on countless occasions,

unrecorded and unrewarded, expressed itself by holding the line, and a slender one it was, against open sights and machine guns.

It is difficult to keep a man under observation unless he is in hospital. His fellow-soldiers are not likely to give any information about him unless he is unpopular and is a drag on the all-round efficiency of his company. It must be said that hopeless cases of incorrigible malingering are extremely rare. It is the attempts that occupy so much attention, due as much to ignorance and an entire change of environment as to deliberate wilfulness, and a little heart-to-heart talk can shape unpromising material into good soldiership. Everything, however, depends upon those into whose hands the recruit passes at the outset of his career in the Army. That malingers do not turn out badly is shown by the following. About the time of the Armistice, a man was sent up by a Dispersal Board for a report on his vision. One eye had a ruptured choroid due to a wound received in action. The medical officer recognized him as a man whom he had examined two and a half years before. The man had then been only ten days in the Army, had a low refractive error for which he was wearing glasses, and pretended that his unaided vision was only $\frac{6}{24}$. It actually was $\frac{6}{3}$ unaided. No doubt he concluded that it was not so easy as he thought to deceive the medical officer and adopted his suggestion that his better course as a soldier was to be straightforward. He went to France, and returned with an honourable wound-stripe.

We now come to malingering among men who wear glasses. These for the most part are myopes who are conscious of their defect, and want to make the most of it. The spectacles should be verified. They may be a compromise, there may be an-axis misplaced or some error in the strength of a component lens. If the revised correction does not help, the man should be told that the new spectacles are consistent with his being able to see up to a certain line. This generally has the desired effect, for a myope with the wrong correction or without glasses at all, will constantly be in trouble for not recognizing and saluting an officer, or for failing to perform duties for which a fair amount of vision is indispensable. In the case of myopes, difficulties are sometimes created by practitioners who in good faith, and ignorant of army requirements, assure their patients that they are certain to be rejected on account of their eyesight, and a certificate or letter to that effect may be forthcoming to anticipate and discount the opinion of the regimental medical officer.

A protracted examination may lead an ignorant man to think that there is something seriously the matter, when possibly there may be present an unusual congenital appearance without the vision being impaired. Thus the knowledge that there is something interesting in his eye may suggest a dishonest course of action, and when examined by some other specialist, he may be disposed to enlarge upon and trade upon the abnormality.

The question of spectacles for musketry will be discussed when we come to consider as a whole the issue of these appliances.

Blepharospasm is sometimes assumed, especially by miners who have picked up and tortured the technical names of eye affections due to their vocation. In these cases an ophthalmoscopic examination is resisted, but the pretence cannot be maintained for any stretch of time, and will be discovered when the man is off his guard. The depth of the wrinkles on his forehead may afford evidence as to whether the condition is assumed or genuine.

An artefact conjunctivitis is produced by introducing an irritant into the lower cul-de-sac. The effect is local and the absence of a general injection of the vessels will cause suspicion, especially when the upper lid is everted.

The commonest applications are soap and tobacco juice. The head of a match rubbed inside the lower lid or a hay-seed retained between the lids will set up the irritation. In one case, a piece of plaster measuring 6 or 7 millimetres by 5 was found under the upper lid. The pain produced was intense:

When several men in one unit, are found suffering from conjunctivitis, artefact should be suspected, for this form of malingering can be epidemic, as was found in one part of the line in France (it was not British) at a certain stage of the war. The irritant was ipecacuanha powder.

Isolation and vigilance will decide the case, which, if proved, should be dealt with promptly.

It is extremely unlikely that a man, knowing the risks, would deliberately infect his eye with gonorrhœal discharge, though he might have no scruples about applying it to his meatus. Such a case would call for the most minute investigation. The writer met with only one case of gonococcal infection of the eye in four years in the Army, and it was proved beyond doubt that the man had contracted the disease innocently. The source of infection was discovered and the eye was saved.

(To be continued.)