AN INSTANCE OF THE GANSEY SYNDROME

BY

Lieutenant RONALD D. LAING
Royal Army Medical Corps
Psychiatric Division, Royal Victoria Hospital, Netley

The patient, M., aged 29, was referred to the Royal Victoria Hospital, Netley, for a psychiatric opinion on his fitness to undergo trial by court-martial on a charge of desertion. He had been absent without leave for seven months. From the patient himself, his parents, and army documents, the following history was constructed.

He was born after a normal pregnancy, and his childhood and school years passed without obviously unusual features, though he was not very bright at his lessons and did not play games. He has a younger brother aged 22 and a sister aged 25. His parents are both alive and in good health.

After a few semi-skilled jobs, he joined the Regular Army as a private in 1941. He had a clean record until his recent absence. On enlistment he was S.G. 3.

He married "in haste" nine years ago. There is one child, a boy of nine. He adored his wife at first, but their relationship soon deteriorated, largely, it appears, through his own bad temper and petty jealousy. While he was abroad from 1943 to 1945 his wife had a child by another man, and he obtained a divorce on the grounds of adultery in November, 1950. His wife retained the custody of their child.

In July, 1950, he was involved in a road accident and was in hospital for
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several months with severe chest injuries and lacerations. Most of the time in hospital he lay crying or saying nothing. At the time of his divorce he seemed to his parents “a different man.”

He wandered in and out of the house with no explanation, absolutely refused to discuss his wife, and was tearful and depressed. He went absent without leave at Chester on 8th July, 1951. He spent seven months wandering around fair grounds doing odd jobs. From time to time he would arrive home, stay a few days, and borrow some money from his parents. He seemed to them to be in a daze and “not himself.” He hardly talked to them; he complained of headaches and had developed a marked stammer. He surrendered himself on impulse at Lichfield on 8th January, 1952. He was awaiting court-martial when he was referred to the Area Psychiatrist at Chester on 25th February, 1952, on account of his mental condition. On examination at Chester he was in tears during most of the interview, and was almost unable to communicate anything because of a marked speech impediment, but he told of his divorce and driving accident. He said he desired to kill himself. He was admitted to Netley on 27th February, 1952.

Progress

On admission he was completely mute. He would blow out his cheeks and become blue in the face in prodigious efforts to utter even a whisper. He would then cry, beat his head and tear his hair. He would communicate freely in writing and could understand what was said to him. Under pentothal narcosis he spoke fluently and released a torrent of obscene abuse against his wife and the army. He yelled himself hoarse in a few minutes, and then burst out weeping, crying “Mom, me Mom’s good, me Mom’s good, she’s good, yes she’s good.”

He then enacted his driving accident, crying out, “It’s not my fault, not my fault.” (There was no fatality in this accident.) After the session he again became mute.

In five subsequent sessions during the next three weeks he behaved in the same way. After the third session he talked with difficulty for a while and felt that he was going blind. After the fifth session he talked fluently, but felt weak and faint. He complained of dizziness and a splitting headache. By the following day these symptoms had disappeared, but he seemed to be in a confused state of anxious excitement.

Under fairly heavy sedation his anxiety became less evident, and now he behaved like a little child. He had to be fed and assisted to his toilet. He wanted to play with some toys, in particular a yo-yo. It was impossible to elicit a correct answer to the most simple questions. He said that two times two were two. He called an apple an orange. He said that leaves appear on the trees in autumn, and gave the date, month and year incorrectly; he said that he had been in hospital for months and that he was now in Chester; his mug, he said, was “for drinking,” but as for its name, “I don’t need to know that.” Asked who was the Prime Minister, he said that it used to be Mr. Attlee but did not know who the present one was. If pressed to give the correct answer he would cry or laugh, or fly into a rage, or say, “I’ve nothing to do with that, I’m only thinking of me Mom.”
Any mention of his wife, the army, or the outside world in any aspect was met by either vicious ridicule or by rage, when he would growl, gnash his teeth, spit, and shout obscenities. He was never actually violent. He would talk of nothing except his “Mom and Dad.” He would say, “I’m going to think of me Mom all my life—even if I live for a thousand years; that’s all I want, me Mom. Me Mom’s good, she’s here, she’s in this hospital, she’s in the N.A.A.F.I. I was speaking to her this morning, etc.”

People were either entirely good or entirely bad (e.g., his mother and wife). He sometimes called the nursing officer “Mom.” His whole body was analgesic and his hands had to be bandaged because of his practice of stubbing out cigarettes on the back of his hand. He would fall into a deeply suggestible state at a mere word, but it was not possible to elicit a correct answer even under hypnosis.

He gradually improved until after six weeks his parents could not recognize any difference in him from his old self.

**DISCUSSION**

The features of the syndrome described briefly by Ganser (1897) are:

(i) “A specific hysterical twilight state, the chief symptom of which is talking past the point” (Vorbeireiten). Hence it has been called the “syndrome of approximate answers.”

(ii) He noted this syndrome in prisoners on remand.

(iii) All his cases were hallucinated.

(iv) Many exhibited generalized analgesia.

(v) The condition always subsided in a few days.

The syndrome is usually described among prison psychoses and it is generally thought to be uncommon outside prison, though this has been disputed (Lieberman, 1945). The condition is described by Henderson and Gillespie (1940), who associate it with hysterical “pseudo-dementia” (Wernicke) and hysterical puerilism. They quote Bleuler as saying “What is characteristic is the disappearance of the memory for elementary knowledge and experience, which remains intact in the organic disturbances.”

Various suggestions have been put forward in an attempt to understand the meaning of this peculiar reaction in dynamic terms. Stern and Whiles (1942) consider it occurs when the patient, “although mentally deranged, not realizing this, wishes to appear so.” Anderson and Mallinson (1941) think that many Ganser states may be schizoid reaction psychoses. Noyes (1948) says that “the patient, being under charges from which he would be exonerated were he irresponsible, begins, without being aware of the fact, to appear irresponsible.” Lieberman (1945) suggests that it is a “psycho-physiological regression to the unconscious level, available to all patients entering upon mental illness, and utilized as a drastic attempt at self-reorganization.”

There is a general trend in the articles quoted above to emphasize the existence of an intolerable external situation from which the individual strongly
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desires to escape. However, every author is agreed that the paralogia of the Ganser syndrome is not entirely consciously determined.

Our patient appeared both to resent and to fear being questioned. He evaded responsibility by his paralogia, which was also a token of the attitude he adopted, when he was not crying or raging, of contemptuous indifference to the questions which he was asked. The precipitating factor was the removal of the hysterical speech inhibition. The patient tried to restrict the range of the thinkable to one subject alone—the Good Mother ("I shall think of me Mom alone for a thousand years and nothing else"). He regressed to the age of two or three, he incorporated orally his Good Mother and projected his psychic reality to the external world ("Me Mom's here, she's in the N.A.A.F.I.", etc.).

The paralogia, the regression, the confused, disoriented consciousness, the wholesale denial of unpleasant external reality, the hallucinosis, the generalized analgesia, together seem to constitute a peculiar constellation of ego-defences which, in this particular combination, are not perhaps constitutionally available to every hysteremic.

It would seem that this Ganser-like reaction may be understood as a massive, desperate, and temporary defence to a situation fraught with both internal and external danger to the ego. In this case the most intense and immediate danger was intra-psychic.

SUMMARY

A case of the Ganser syndrome is described and briefly discussed in the light of some of the theories relating to it.

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REFERENCES