

Historical Perspectives on Ocular Malingering

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Abstract

Malingering is purposeful feigned illness to achieve a desired purpose. It differs from hysterical illnesses in that malingering maintains a conscious decision to fake illness. The earliest historical medical accounts of ocular malingering largely arise from military medical records. Ancient historical anecdotes exist of purposeful malingering in the Bible and other ancient documents. Depending on the population, rates of malingering vary widely. Groups that stand to gain the most from malingering seem to have the highest rates of malingering: soldiers at times of war, disability claimants, and entitlements program beneficiaries. Malingering is not a novel phenomenon and we present historical accounts, journals, and stories of ocular malingering and their various therapies.

I. Introduction

Malingering is a purposeful feigning of medical illness in order to achieve some personal gain. It differs from hysteria because malingersers consciously fake or exaggerate illness for a desired purpose. Depending on the study and its population,

rates of malingering vary widely. Malingering appears to be more common among populations that would benefit by having illness: soldiers at times of war, disability claimants, and entitlement program beneficiaries. Halligan and colleagues report increases in sick leave days and disability benefits over time in developed countries despite improvements in health care.¹ Griffin reported an index that identified malingers in 19% of disability beneficiaries.² Agatston has estimated that between 0.5 and 3.0 per cent of the American draftees in World War II feigned poor vision or amblyopia. Of 2,400 consecutive cases, 1.8 per cent represented bona fide monocular amblyopia. In reviewing 20,000 draftees, he found only 11 bona fide cases of bilateral amblyopia of 20/40 vision or worse.¹ More recently in 2009, Schutz and Mavrankas found from 344 consecutive patients referred by insurance company or attorney for an ophthalmologic exam, 50% were thought to be exaggerated or feigned.³

II. Definitions

Functional disorders refer to any disorder where impairment occurs without evidence of physical disease. Many clinicians arbitrarily divide functional disorders into conscious actions comprising malingering and subconscious processes typical of hysteria or conversion. Hysteria comprises the subconscious set of disorders that cannot be explained by a known illness. The hysterics include somatization disorder, conversion disorder, hypochondriasis, pain disorder, and body dysmorphic disorder, and functional

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overlay. Functional overlay describes a functional disorder occurring in addition to an organic etiology. Malingering, in contrast, is consciously feigned illness for a specific purpose or gain.

There are several types of malingering. SIMULATION is the feigning of a non-existent disease or disability. EXAGGERATION is the pretense that a condition is worse than it is. FALSE ATTRIBUTION is the assignment of a disease or injury to an origin other than the real. DISSIMULATION is the pretense that a disease or disability does not exist, or that its effects are less than they really are. Simulation, exaggeration and false attribution are all aspects of *positive malingering*; dissimulation is the opposite reaction and may be called *negative malingering*.⁵ Ocular malingering is the conscious manufacture of ocular symptoms with the goal of gaining compensation or avoiding responsibility. Malingering is neither a new nor a modern calamity.

III. Historical Perspectives on General Malingering

Several authors have suggested that the earliest examples of malingering are recorded in the Bible. As described by Jones and Llewellyn, “in the story of Rachel, who for self-aggrandizement secreted the idols that her father Laban set such store by. When in the course of his search the patriarch entered his daughter’s tent, Rachel, contrary to Jewish usage, remained seated, addressing him thus: ‘Let it not displease my lord that I cannot rise up before thee, for the custom of women is upon me.’ Rachel had concealed the missing idols beneath the camel furniture on which she sat, and it may reasonably be surmised that she feigned indisposition to obviate rising and so disclosing their whereabouts.”⁶ While not technically malingering, as menstruation is not a disease but rather healthy normal physiology, she was lying about her current health condition for personal gain.

In another biblical example, David feigned illness to avoid capture and probable execution at the hands of King Achish of Gath. David feigned madness by scratching marks upon his door and letting saliva run down his beard.⁶ Ulysses, in Homer’s *Odyssey* sought

to avoid military service in the Trojan War by malingering. He purposefully yoked a horse and bull together and began to plow the sea shore sowing salt instead of grain.⁶ Palamedes, in an effort to “unmask” his feigned illness, placed a royal infant in the path of his plough, and when Ulysses diverted his path, Palamedes received assurance of Ulysses’ subtle treachery. Palamedes was able to discover Ulysses’ feigned mental illness at potentially high cost, were Ulysses truly in a psychotic state!

Dr. Ian P. Palmer suggests that “Soldiers of all nations have indulged in malingering and shirking to avoid duty since time immemorial” and confirms that even the term “malingering” originates with the military.⁶ Military officers Major Brussel and Lieutenant Hitch during the Second World War stated that the “first recorded definition to be found [of malingering] is in Grove’s Dictionary of the Vulgar Tongue in 1785: ‘A military term for one who under the pretense of sickness evades his duty.’”⁷

A special mention should be made to another form of feigning in medicine to achieve personal gain: fraud. In 2012, a United States Department of Justice Task Force, was able to recover \$4.2 billion in fraudulent claims against United States Government Health Care entitlement programs.²⁰ This is not malingering, as an individual is not feigning illness for personal gain, however, it could be termed malingering by proxy. Individuals are faking illnesses, procedures, surgeries, medical devices, and patients in order to fraudulently bill entitlement services for more money.

IV. Historical perspectives on Ocular/Visual Malingering

Most documented cases of visual malingering in history are in military records because of the impact of “shirking duty” upon military readiness. Malingering was recorded among the Roman legions. The Romans used the term “veteran” (*veteranus*) for all soldiers who were honorably discharged after the end of their service, generally twenty years, receiving a piece of land or a large cash payment, according to Dr. Gabriele Wesch-Klein. However, honorable discharges from military service were also allowed for failing health (*mission causerie*). But even among the

Roman legions, to prevent malingering, this form of retirement was only allowed after a careful examination of the case and with medical advice.¹⁸ Malingering was even described in historical fiction about the Roman legions.

A British Army physician, John Cheyne, wrote about observations made in the year 1804 of soldiers causing injury to their own eyes. "In the years 1804 and 1805, the great increase of ophthalmic (conjunctivitis) in the 50th regiment, and the reported detection of frauds in other regiments led to suspicion in the mind of the surgeon of that corps and consequent investigation ... proofs of guilt having been established, the delinquents were tried by a court martial, convicted, and punished." Cheyne continued, "As allusion has been made to ophthalmic, I may take the present opportunity of observing, that I never saw a more humiliating picture of depravity, or perversion of reason, call it what we may, than I have witnessed in a ward filled with soldiers laboring under that disease; most of the cases, as I learnt from the surgeon in attendance, being factitious. The methods, by which inflammation of the eye is produced and maintained, have not all been brought to light, but quick lime, infusion of tobacco, the gonorrhoeal discharge, cantharides ointment, nitrate of silver, blue stone, and other metallic salts, are probably among the most common irritants employed."⁸ Self injury, while not technically malingering, since it is real illness and unfeigned, is another form of misuse of the health care system for personal gain. The article, "Malingering in U.S. Troops," based on recruit depot posts from World War I, published the most common frequency of feigned disorders as follows: 1) Disturbances of vision: Eye conditions, 2) Disturbances of hearing: Ear conditions, 3) General medical, 4) General surgical, 5) Nervous and mental conditions (as such), 6) Fictitious condition - including wounds, and 7) Bed wetting.⁹ In 1921, Smith published an article on the malingering of night blindness, noting that 8-10% of young men of age for military training were night blind, much higher than the expected one in 12,000.¹²

According to Dr. Ronald Fishman, "Coal miners' nystagmus was one of the first occupational illnesses ever recognized as being due to a hazardous working environment." It

aroused great concern and much controversy in Great Britain in the first half of the 20th century but was not seen in the United States. Miners' nystagmus became a significant financial problem for the British workmen's compensation program, and the British medical literature became a forum for speculation as to the nature of the condition.⁷ In the late 20th century, it virtually disappeared from the medical literature, owing some of its fading to workmen's compensation and litigation, better lighting, and other social reforms enacted in mines.

History has also provided us with multiple treatment modalities for ocular malingering. As for the judgment of the various ethics of each, we leave to the reader.

In the Transactions of the American Ophthalmological Society in 1888, Dr. William Oliver Moore described three cases of hysterical blindness in males treated with electricity. "A strong Faradic current was applied, one electrode being placed over the nape of the neck, and the other over the closed eyelids of the [patient]. The full force of the battery was applied quickly, and by rapidly breaking the current the shock was considerable. This treatment was a great surprise to him, and he jumped from the chair, exclaiming that already there was improvement in vision." According to Dr. Moore, "Any operation, or shock, is sufficient, as a rule, to cure them."¹² Moore also described curing feigned photophobia with a visit to the seashore and a threat to apply leeches for continued symptoms.

Dr. Whitham in his published 1919 American Ophthalmologic Society thesis on *Military Ophthalmology* describes his success in treating malingerers with "... a stern but slightly veiled intimidation that you suspected them and would prove it on the morrow at their next testing, with a pointed insinuation as to the advisability of their showing a marked improvement on that occasion, sufficed, and within twenty-four hours they were usually sufficiently normal to return to duty, for which they seemed, paradoxically enough, now quite anxious."¹³

In 1914, Major (Dr.) Bispham in his comprehensive monograph on malingering in *Military Surgeon* describes a case of a "man who complained of lachrymation, burning of the

eyes and inability to read, ophthalmoscopic and retinoscopic examination showing nothing ... He was put to bed with his eyes bandaged for eight days and was then sent back to duty after being admonished.”¹⁴

In 1965, Drs. Mehra and Khare recommended injection of subconjunctival saline for both diagnosis and therapy. After they had confirmed ocular malingering with objective testing, they observed the following protocol: “The patient was asked to lie down. No local anesthesia was put in the affected eye and 0.25 ml of normal saline was injected subconjunctivally in the upper half of the affected eye as near to the limbus as possible. As more was added, this injection produced a lot of pain. It was then explained to the patient that more of it will be injected, if the patient failed to regain vision. To our utter surprise, we found that all of the four patients reported about the recovery of vision in one or both of the affected eyes, just after this injection.”¹⁵

Kramer, LaPiana, and Appleton from Walter Reed Army Medical Center described a novel treatment of functional vision loss, including ocular malingering, during the Vietnam era that they termed “retinal rest.” “In this instance, the patient is hospitalized and told that his ocular problem will probably respond to complete retinal rest. He is placed in a regular hospital room by himself, firmly patched, with as early total sensory deprivation as possible. No radio or television is permitted. No sedatives are given to the patient. The ward personnel are instructed to converse with the patient as little as possible and visit his room only to bring meals. The eye patches are arranged in such a way that any attempt on the part of the patient to remove them will be readily apparent to the examining physician. The patient’s vision is checked on a daily basis and dramatic results are frequently encountered. This procedure is not continued longer than three days, although the patient does not know this in advance.” The authors had not yet encountered any therapeutic failures in patients whom they were certain were malingering.¹⁶

One of our authors (RWE) successfully used a similar method during operation Desert Storm in 1990-1991. He termed it “Three R’s:” Retinal Rest and Recuperation. Recov-

ery typically occurred in less than 24-48 hours (Enzenauer, unpublished data, 1991).”

V. Conclusion

Ocular malingering is the conscious feigning of medical illness for gain. There are negative and positive malingerers depending on the direction of conscious misrepresentation of illness. Depending on the study population, rates and severity of malingering differ. In populations in which gains can be expected from medical illness such as military or compensation programs, rates of malingering seem to be higher. Military doctors are the earliest reporters of malingering, but likely it has been an issue since time immemorial. Malingered illness diagnostics and therapeutics have changed over the centuries and although we judge historical remedies harsh or unethical, we should ask ourselves, what will future ophthalmologists think or our current diagnostics and therapies?

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