

FEIGNED AND FACTITIOUS DISEASES IN THE BRITISH FORCES C.1830-1840: A FORGOTTEN MEDICAL CLASSIC

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Introduction

"Disease has been simulated in every age and by all classes of society" opens Hector Gavin's essay on Feigned and factitious diseases, chiefly of soldiers and seamen, (1) for which he deserves to be better known.

All of us in our medical capacity have encountered individuals of whom doubts are aroused about the nature of their illness or injury. These individuals are not a new phenomenon. However, the military provides a unique sphere in which to advance the art of malingering and its identification for there is often a lot at stake including change of role or deployment, medical discharge and an attractive pension in the present era; and in the long protracted, fighting of the nineteenth century soldiers the avoidance of poor living conditions, sparse pay and the constant risk of illness arising from conditions in camp. The sly (or desperate) soldier is not unique to the modern era; cunning and even some courage have been employed time out of mind as a tactic for ensuring diagnosis and ultimately discharge.

Hector Gavin was pre-eminent in the mid nineteenth century. That his name is not better known undoubtedly arises from his unfortunate early accidental death from a pistol wound to the abdomen in his early middle age in the Crimea (2). Apprenticed at the age of sixteen, he became a fellow of the Royal College of Surgeons in Edinburgh and embarked on a career during the burgeoning sanitation era. His probationary essay for his FRCS was entitled *'The Feigned and Factitious Diseases in Soldiers and Sailors on the Means Used to Simulate and Produce Them, and on the Best Modes of Discovering Impostors'* which won the prize in the class of Military Surgery in the University of Edinburgh session 1835-6. His piece was extended greatly to produce a book of the same title published in 1843. The Professors of Military Surgery were concerned with developing a classification through which the Army surgeon would be able to form an idea of the frequency and success of measures being implemented, and as a framework with which to adjudge soldiers' discharge with a pension as well as its rate. Although Gavin writes that *"this object [being] achieved by the classification contained in the present essay is not entertained [but] it may be presumed that some approach has been made to the principle on which such a classification shall be founded."* It appears that the practice of feigning disease was common at this time. A supposedly objective framework of classification was one way of achieving some control. Gavin includes a variety of methods available for testing the genuineness of a disease, some more extreme than others, for occasions when the surgeon was pitted against the ingenious and determined impostor.

The essay was intended to serve as a tool *"to prevent the*

honourable physician from being made the dupe of the artful impostor, or... from being himself the instrument of punishment in presumed cases of malingering." It would also aid fair judgement in genuine cases. Issues were raised by Gavin's essay which remain relevant to modern medicine. Gavin appears to have been the first person to use the term 'factitious' for an illness that was invented (3) and work on Munchausen's syndrome can be traced back to this essay. It has been suggested that Gavin had described all the symptoms of shell shock in this essay but had not collectively described them as a syndrome (4). Those in the medical and military fraternities wishing to view shellshock as a new phenomenon in the aftermath of the First World War would have found practically all the physical and psychological disabilities described in this treatise (5). It is surprising that Gavin's work has not become more widely known, even at an anecdotal level, in light of the fact that feigning disease and illness was believed to have been such a widespread and developed activity in the military long before 1914.

Classifications

Gavin asserts that disabilities may be arranged under four heads: firstly, feigned or factitious disease (subdivided further into pretended – where the fraud consists in the mention of untruths uttered by the patient - or simulated disease where symptoms are superadded). Secondly, exaggerated diseases where a disease exists in a slight degree and its disabling effects are greatly exaggerated; thirdly, factitious diseases where *'diseases...which are wholly produced by the patient or with his concurrence... the effects are always exaggerated'*. Finally, aggravated diseases which have a natural cause and which *'originated without any design on the part of the patient, but which were afterwards increased by his use of artificial means'*. Numerous reasons were cited as to why disease was feigned but in soldiers and seamen Gavin believes it was undertaken in order to obtain their discharge from the service, with or without a pension or to avoid certain duties or postings, and to obtain the *'ease and comforts of a hospital'*. He adds that sometimes, although rarely, it was done by service men *'to bring blame or punishment on an individual whom they dislike [or] to excite compassion or interest'*. He also reported that some soldiers *"indeed, without any ulterior object, seem to experience an accountable gratification in deceiving their officers, comrades and surgeon"*. He noted that the extent of malingering has varied throughout military history; at the time he was writing he believed that improved discipline had led to a reduced degree in comparison to thirty years previously. One would expect that malingering is even less common in the present age, from the culmination of improved discipline, lifestyle, voluntary signing up and the advances in detecting and managing disease that were not available in Gavin's time.

Systemization of Feigning

Gavin does however report that some regiments were more

predisposed to have higher rates of malingering; for example, in "...cavalry regiments, in the highland and other distinguished infantry battalions, there is scarcely an instance of any of those disgraceful attempts to deceive the surgeon." It appeared unsurprisingly more common in those regiments that had been hastily recruited in less than favourable circumstances. He observed that it appeared to be culturally related: "The Irish are the most numerous and expert at counterfeiting disease. The Lowland Scotchman comes next... and what he wants in address he makes up for in obstinacy. Malingering seems to be least of all the vice of the English soldier;" although the Marines, far more commonly than sailors are to be "found frequently skulking, owing to the severity of their exercise". Methods of feigning disease seem often to have become systematized and preserved within particular regiments and handed on to those who were inclined to attempt them. Medical officers reported periods where the same disease or injury were feigned (especially cases of mutilation) repeatedly and in quick succession followed by long periods before a similar injury was seen again. Gavin recorded that "nine men of the 89th, at the Cape of Good Hope, in six weeks, disabled themselves, by what they termed accidental explosions of their muskets... [a] mode of regaining liberty becomes epidemic in a corps, and is repeated time after time, not to reappear again for a long interval."

Maiming and Mutilation

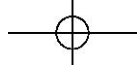
Maiming and self-inflicted mutilation appears as a common theme throughout. Gavin reports that it is 'openly and avowedly practised' with men often going to extreme lengths. One unfortunate soldier, after first shooting himself through the wrist (which necessitated amputation of the hand) was thwarted in his desire for discharge, instead being sentenced to corporal punishment, and being degraded; he then promptly drowned himself. He also relates the case of a young soldier who plunged his legs into a cauldron of boiling water and 'who died in the most frightful suffering.' Others efforts are often unmasked when the nature of the injury does not fit with the account of events leading to the injury. One hapless sailor chopped off two fingers with an axe, running onto deck to announce his unfortunate accident with the collision of two water casks forgetting that he had left his fingers on the post with the axe! Gavin advises that in cases of ostensibly accidental mutilation, the 'appearance', 'nature', 'situation' and 'direction' of the wound are of utmost importance. It should be ascertained which is the patient's dominant hand and whether the alleged cause is capable of producing the injury. Examination of the severed part and extent of the wound should also fit the cause. One soldier claimed that he had been shot at from the jungle whilst on sentry duty but the nature of the injury with the black charcoal on the skin and his own recently discharged musket besides him told a different tale. Gavin emphasises that the patient is

"obviously anxious to impress... an idea of the severe nature of the accident, while the external marks of the injury are but slight; as in trifling bruises in working the guns;" but often fails to consider beforehand the circumstances surrounding the 'accident'. In one case a dragoon said that his horse had bitten off his finger but he had forgotten to wipe the blood from his sword which lay nearby in the manger. Gavin reports that loss of teeth in the French army was a disqualifying condition. Inability to bite the end off a cartridge when loading his musket meant that a soldier was ineffective. The French destroyed their incisor teeth by acid or extraction or filing them down to below the gum. Medical officers were forced to pass their fingers along the jaw before granting discharge. He makes no mention of extent that this method was utilised and the success of it in the British army.

Commonly Feigned Conditions

Gavin found that ulcers were probably the most extensively artificially precipitated condition, due to the success that a large and un-healing ulcer has in securing discharge and the variety of methods available for artificially precipitating and exaggerating the signs. Many irritant and corrosive materials were used including nitric acid, strong vinegar, arsenic, quicklime, the skin of salted herrings and urine. Others would cause ulceration by binding or compressing coins or wood to the area or puncture or excise an area of skin and then excite this initial wound with the application of an irritant substance. Even gluing a piece of spleen or a frog's skin upon the body was documented. Gavin warns that many of those that had initiated ulcers had 'fallen victims to their own iniquity'. One soldier underwent an amputation of his lower limb after developing osteomyelitis. A copper coin was found embedded between soleus and gastrocnemius over three inches from the ulcer margin, which the soldier confessed to having thrust into the wound nine months previously. Various methods for preventing the further excitation of the ulcers were attempted by the medical and nursing staff. The bandages were often sealed to prevent their removal and reapplication or the bandages were inscribed in "coloured lines, drawn along the limb in such a manner that it would be impossible to reproduce them if the bandages were removed and reapplied. Even this measure, however, is frequently but partially effective, as some determined characters... by the introduction of pins, needles... [to] irritate the surface of the ulcer." For those so determined in their course, the leg, - most commonly the lower limb 'because [wounds] in that position effectually incapacitates the patient for military duty,' - was encased in a wooden box with the words 'Punishment for Impostors' painted in large letters across the front. These boxes were modified with hinges and locks and cut to fit the patient (so that nothing could be introduced into the box) whilst the leg was buckled in to preclude it being drawn through the aperture. Gavin concludes his observations on ulcers quoting a circular of the Army Medical Department in 1832: "Even where there is no satisfactory evidence of artificial means having been employed to excite ulceration, this disability should rarely, except when accompanied by varices, induce a surgeon to bring forward discharge." Other frequently feigned injuries included fractures and dislocations. Gavin stated that "these injuries are very frequently exaggerated, and sometimes... entirely feigned... [the patient] commonly refuses to admit he has recovered use of the limb; he affects lameness and complains of pain at the very part where the fracture took place." Soldiers often feigned fractures of the cranium and 'there is often no evidence of fracture but the man's own testimony.' Gavin accepts that there may be mal or non union of a fracture but infers that soldiers often effect this by frequent motion at the fracture site, so delaying union. He advises that in such cases it is entirely reasonable that the soldier purposefully interrupting the healing process should face a court martial.

Gavin is harsh on the soldiers and seamen attempting to free themselves from military service by potentially affecting their present and future health and well-being. He warns medical officers to be ever wary, arming them with tips to unmask the potential impostor who faces them. He believes that the well informed and attentive practitioner would not be caught out by these duplicitous characters but is surprised nevertheless by "the blushing impudence with which impostors sometimes pretend to suffer under a feigned complaint, [which] is almost beyond what could be imagined; although perhaps, not more surprising than the occasional credulity of professional persons."



Observing the Impostor

Although Gavin did not state, or even estimate, the degree to which the feigning of disease or similar medical adverse conditions was practised, implicitly he had had no difficulty in locating and observing instances and he did not, it may be assumed, believe them to be rare. Much of what he described focused on inciting or lengthening the duration of ulcers, and feigning musculo-skeletal disorders. *Feigned and Factitious Diseases* abounds with examples 'wholly produced by the patient or with his concurrence,' documenting his general observations. Soldiers and sailors were prepared to go to great lengths to provide ostensible proofs, in simulations where "the symptoms of a disease are superadded; for instance, the rigor of an intermittent, or the appearance of purulent discharge from the ear, imitated by the introduction of honey into the external meatus." He records examples of creative and, to the modern reader, even amusing extremes, which are likely to be incapable of parallel today. Soldiers would inflict punishment on themselves by allowing their feigned condition to continue, so that "the sufferings imposed by the malingerers upon themselves are infinitely greater than any punishment a commanding officer would dare to inflict; thus a man, for a period of eighteen months, walked with his body bent forward, so that his arms reached within two inches of the ground."

Such extremes moved Gavin to advise that medical staff officers should 'be particularly careful not to encourage the art of malingering', as the impostor had often made up his mind to endure even the grimmest of courses 'rather than give in.' He believed that severe or painful measures against malingerers should be avoided; in his experience the best course was to behave in a manner firm, but mild, deliberately engaging in judicious measures for treatment and cure. He firmly held that "Finesses will often succeed in detecting imposition, when harsh measures would completely fail." The medical officer could usually take his time; most impostors would expose themselves because "in the simulation of a disease, the impostor finds it difficult to give a consistent account of the origin and progress of his alleged disability...the surgeon can lead him to enumerate incompatible symptoms, or greatly exaggerate unimportant lesions. He is constantly prone to overact his part, anxious to impress...the reality and severity of his sufferings....If carefully watched, it will appear that he is inventing symptoms. Thus a man who pretended to have lost the power of locomotion, on being softly called by name, after a gentle tapping on the window glass, was detected by immediately appearing at the window." Any doubts the medical officer had about the veracity of the soldier's illness should be concealed until they were 'confirmed or removed.' And the man should be exhorted to return to duty. The medical officer's task is to "throw the impostor into despair; and to deprive him of hope is the best means of prevailing on him to resume his duty. Soldiers and sailors commonly return to their duty when they are deprived of all hope in succeeding in a scheme of imposture...a man, in an apparently dying state, on hearing read to him a letter which he had written, explaining his scheme of imposture, and hopes of success, at once returned to his duty." Gavin emphasises that soldiers must be frequently discouraged from the temptation of imposition. He believed that "There is no better security against fraud than the removal of every encouragement to commit it, and if possible to obviate all probability of its success."

Extremes of Feigning

Oedema. Elaborate dissimulations were attempted, even when medical officers were manifestly skilled in detecting them. The practice of whole body examination (or relevant anatomy) seems not to have been a given in Gavin's time; thus oedema of the limb (and in one case elephantiasis) were simulated with ligatures around the limb, but hidden by clothing. Gavin

recommended that "in all doubtful cases the extremities should be completely uncovered and examined...The neglect of this simple rule may lead to a great deal of trouble..." following which Gavin recites the case of one man who was seen by the surgeon for over three months with oedema of the forearm and hand who, after exhausting the pharmacy supply and having no improvement with bleeding, was at last fully examined, whereupon Gavin haughtily comments "the surgeon did what he should have done at first; he caused the limb to be bared and found a tight ligature round the upper part of the arm..." One soldier managed to simulate an oedema of a limb by the use of a ligature for over eighteen months before his artifice was exposed. In other cases it was deemed necessary not only to expose the affected area but also to ascertain the nature of the affliction by instrumentation. Naval officers were known to simulate urethral strictures in order to leave a vessel following disagreement with fellow officers. One medical officer who had seen numerous such cases had begun to pass a bougie in order to assess the nature of the stricture. The patient was placed with his back against the wall "so as not to admit retreat, [he] then introduced the bougie, when the passage...often became difficult when it reached the perineum. To ascertain whether this stoppage was really the result of a stricture, or merely of a voluntary constriction...he made gentle pressure with the instrument, by moving somewhat quickly backwards and forwards against the stricture [and] then drew off the patient's attention by questions, when a gentle movement...it passed on into the bladder if there really was no stricture. In this way...we may discover stricture nine times out of ten." It is difficult to imagine in this day a soldier or seaman feigning a complaint let alone conjure the image of a medical officer passing a bougie into a suspected stricture in his office!

Nasal and Otological Impositions. Nor did it stop at that. Otorrhoea was often simulated using a little honey in the external auditory meatus or injecting into the auditory canal pus or a mixture of rancid tallow or 'empyreumatic stinking oil' or old cheese. To excite inflammation of the conjunctiva men went to even greater lengths; the substances used included

'various acid and corrosive substances...woollen cloth...black muslin spread over the cornea... gonorrhoeal matter...' Gavin comments that "for the production of this result, it is necessary that they be continued a sufficiently long time, in which case the experimenter stands the chance of losing his sight." 'Ozoena' was often simulated by similar methods. Pieces of sponge or similar material were saturated with oils and 'offensive juices' mixed with decayed cheese and introduced into the nostrils. A thread connected to this bundle was passed backwards through the nasal cavity into the pharynx. Old cheese seemed a firm favourite at aiding an impostor. 'Foetid transpiration' was often simulated with old cheese being applied to the skin. The skin (especially the feet) could also be anointed with animal oils, 'the oily grease from a cart or carriage wheel or putrefying fish.' Most impostors simulating this complaint were easily 'discovered by causing them to be carefully washed'; however this "does not always succeed, as the Malgaches...become of so disgusting an odour, from the force of habit, that nothing can dissipate the abominable foetor." Gavin does not comment further and we are left to ponder the on the cause of this 'abominable foetor' that even washing cannot get rid of. Even more interesting are the simulations of various polyps and prolapses. Nasal polyps had been feigned with the introduction of "the testes of a cock, or the kidneys of a rabbit into the nostril, and retaining them there by means of small piece of sponge: sometimes impregnated with foetid juices".

These sly impostors were discovered with the provocation of sneezing (with the use of tobacco, euphorbium or 'mechanical



titillation) and the foreign bodies ejected. One young soldier introduced a piece of kidney so large that it "entirely filled up the right nasal fossa and disfigured him exceedingly."

Colorectal Impositions. Anal prolapse was also simulated using the bladder of a sheep or ox gut. One end would be inserted into the rectum leaving the other end hanging out of the rectum imitating a prolapse. Occasionally the bladder would be filled with air and retracted and thereby causing a prolapse of the rectum. One young man attempted to gain his discharge by 'applying against the anus and artistically fixing there the bowel of a hog,' whilst another "ceased to solicit his discharge on a proposal to cure the disease by application of the actual cauterium". The groin, genitals and anus seem favoured parts of anatomy for perpetrating simulation of disease using props. The discharge of blood from the anus was frequently imitated but some went to further lengths by simulating the source of the bleeding in the appearance of haemorrhoids. Only 'superficial observers will be deceived by the bladders of rats or small fish that are inserted into the rectum to resemble piles.' Cavalry regiments were most likely to indulge in this particular simulation and cases were rarely singular. Observation of the 'broad base, violet colour of old piles...and origin of the tumour' should render the fraud impossible but in those cases which are not clear cut examination with the index finger should be undertaken; "If a foreign body has been placed in the anus to imitate a haemorrhoidal tumour, it will be detected by the displacement of the artificial body... when punctured with a needle, a proceeding which can have no troublesome consequence in real haemorrhoids, the false tumour collapses." Interestingly, Gavin reflects that rectal bleeding in the absence of haemorrhoids was usually more difficult to detect as being simulated but blood that "be clotted, very dark, mixed with the secretions or faeces,...unless we have indication of its having come from some part of the canal above the seat of the haemorrhoids – we may conclude that the blood has been procured, and stirred or mixed up with the evacuations of the bowels."

Hernias. Hernias appear not to be frequently feigned although when one existed, it was often exaggerated: "The operation for hernias is very rarely required in the army, and is not a cause of much inefficiency." Frequently Gavin describes that 'A tumefaction, resembling this disease, is produced by puncturing the skin, and inflating the cellular membrane.' This fraud was easily detected; the feel of the 'hernia' to the touch and the wound through which the air was introduced was apparently easily detectable. One practice regularly engaged in was described

"Puncture the bag with a corking pin, and then by means of a piece of tobacco pipe, blow it up with air; if a double rupture is wished, do the same on the other side, after which apply warm poultices to take down the inflammation.The sac of hernia has been ingeniously imitated with the bladder of an ox." Other medical officers reported a few cases where the individual was able to simulate a hernia by drawing the testes upto the external oblique muscles and retain them there. Sometimes 'considerable traction [is required] to remove them from it.' It had been known for soldiers to obtain their discharge by so simulating a hernia. The *Pensioning Regulations* determined that 'no soldier should be discharged for rupture alone.' It is concluded that soldiers with a

hernia are unable to tolerate the physicality of the battlefield. Those that do 'are nearly always obliged to enter hospital after a few days of active operations'. A truss is recommended although it is acknowledged that although it does not prevent a hernia it may well stop its descent into the scrotum. So, unable to fight and ineligible for discharge what were these men expected to do? As today, it was deemed that they were 'usually capable of executing the duties of the garrison'. The novelty of methods for simulating disease seems to have been boundless from the sailors who imitated scabies by needle pricks to the wrists, between the fingers and over other joints and then introducing gunpowder to these areas to the men who realised that the ingestion of certain foods caused skin eruptions. One man

"previous to appearing before a medical officer, swallowed a large quantity of shellfish which in him produced an universal eruption of urticaria." British soldiers regularly used shellfish, including crab, lobster and 'above all' mussels and mushrooms to cause what Gavin refers to as 'nettle-rash'.

Summary

Soldiers and seamen were remarkably inventive in their methods of feigning disease; I know of few cases where soldiers today have gone to such determined efforts to simulate a disease. All of us have encountered malingerers in the course of our work but the extent and array to which they extend in their attempts is greatly surpassed by the tales of effort and guile reported by Gavin. Fit, content men have always been at the centre of the military capability and in the forces of the present day the driving concerns to discharge oneself from the army or navy are no longer quite as pressing. However, medical officers should always be alert to the art of feigning. I will leave the last word to Hector Gavin: "As long as soldiers have the idea that they can impose upon officers, and that the result will be for their advantage, so long will examples of imposition occur in the army."

Acknowledgement

I wish to thank Mr N J L Lyons who brought to my attention the work Hector Gavin. Without him the ingenious deceptions and efforts of many soldiers and seamen would have gone unnoticed.

References

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3. Savino AC, Fordtran JS. Factitious disease: clinical lessons from case studies at Baylor University Medical Centre. *Proc (Bayl Univ Med Cent)* 2006; 19 (3): 195-208
4. Culpin M. The present position of psychotherapy. *Brit J Psychiatry*, International Journal of Psycho-Analysis 1922, 3: 346-347 All quotations taken from reference 1

Footnotes

- 1 Fetid polyps in the nose or a fetid muco-purulent discharge from the nose due to ulcerative disease of the mucosal membranes, frequently with necrosis of the bone.' *Shorter Oxford Dictionary*
- 2 'Of, or pertaining to, a native of Madagascar (Malagash).' *Shorter Oxford Dictionary*