

Clinical Notes and Cases.

"Pseudologia Phantastica, or Pathological Lying, in a Case of Hysteria with Moral Defect." By WILLIAMINA SHAW DUNN, M.D., D.Sc.

So little has been written in this country on Pseudologia Phantastica, or Pathological Lying, that Dr. George Robertson, Physician Superintendent of the Royal Asylum, Edinburgh, has urged me to report the following case of this disorder associated with hysteria and a certain degree of moral defect.

The patient, J. M—, was brought to West House, Royal Edinburgh Asylum, on February 27th, 1916, from the Victoria Hospital, Edinburgh. He was certified as insane on the grounds that he had attempted suicide on two occasions—once by attempting to strangle himself with his pyjama strings, once by attempting to drown himself—and that he was hysterical, and had difficulty in answering simple questions.

On admission patient was quiet and polite in manner, but seemed somewhat dazed. He was put to bed in a ward where there were male attendants, and although he gave no trouble it was evident that he was very unhappy. He wept copiously, and refused to take his food. He was only too ready to talk, and within an hour of his arrival had confided to a sympathetic attendant that it was all a terrible mistake bringing him to such a place, as his people were very wealthy, that his father was a director of Lloyds Bank, and was at present on his way to Scotland in a Rolls Royce car. The fact that the patient was a slimly-built fellow of some twenty years, coupled with his evident distress, led to the experiment being tried of putting him with female nurses. He brightened up considerably, ate and slept well, and became very talkative. He now told us his "full history."

He said he was the only remaining son of wealthy parents, and that he was born in the south of England. At the age of thirteen he and some comrades had a misadventure with his father's motor launch and, fearing the consequences, ran off. He explained that there was no difficulty in getting money to run away with, as he was on an allowance and had money in the bank. With the money so provided the four boys crossed to Canada, where they went to a farm belonging to a relative of one of the boys. After spending some time on the farm, patient went into the city and took a job as a clerk. He then enlisted in one of the Canadian regiments and was sent to England, and from there to France. While in France he was "gassed," and had to be sent to London; later on he was sent to Aberdeen. He told wonderful tales of a small ape he carried as a mascot of his regiment, but seemed a little hazy regarding the ultimate fate of this pet.

While in Aberdeen he met with several wonderful adventures. He related that one day, while walking in a street in Aberdeen near the

Dee, he was set on by some roughs and robbed of his coat, wrist watch, and other valuables. At this time he also began to take "fits"—these he considers are the outcome of the gas in France. He said that because of these "fits" he was discharged from the Canadians, but as he pined for military service he came to England, and succeeded in joining the Gordons. He again developed "fits," and because of these he was sent to the Victoria Hospital, Edinburgh.

In the Victoria Hospital he was under the charge of a nurse to whom he was very attached. The nurse was off duty for some little time, and pranks were evidently tried upon her substitute. As an example, J. M— said to the man in the next bed that he would tie his pyjama strings round his neck, and the other man would give the alarm that he, J. M—, was strangling himself. At this point of the tale patient always became sad and said, "The joke worked too well, and here am I as a result." This was, of course, patient's explanation of one of the attempts at suicide.

In addition to the foregoing history he added a few artistic touches, such as the death of his only brother, who was a captain in an English regiment, the sudden death of his dearly beloved mother, and the brilliant marriage of his only sister.

The wild improbability of some parts, at least, of this tale was quite evident, and so inquiries were at once instituted, with the result that the true story patched from several sources was worked out. It is as follows :

He was born in 1896, and is the illegitimate son of a girl who was a maidservant of the humbler class. Her mistress herself adopted the patient from birth, and has treated him with great kindness, as even the patient attests. He left school at the age of fourteen, and was put to work at porcelain works ; he left this on his own initiative, and went for four months to a large commercial house. From there he became a grocer's errand boy, and next a hotel servant, and so on. He never stuck at any job, and led an idle, unsatisfactory life. He next enlisted in the King's Royal Rifles, but was discharged after sixty-three days' service as medically unfit. He joined the 8th Worcesters twice, each time being discharged as medically unfit. This took him on to June, 1915. He is reported to have joined the Royal Fusiliers, but he certainly enlisted in the 3rd Gordon Highlanders in the autumn of 1915, and was sent to West House as a private in this regiment. While in this regiment he was stationed in Aberdeen, and was in hospital for some little time. He evidently had a rather unhappy time with his comrades, who teased him, and he seems to have meditated suicide, and got as far as to walk into the Dee up to his knees, possibly with intention to drown himself. While in Aberdeen he began to take hysterical fits, probably in self-defence. When the other men "ragged" him he tried first to brave it out, then he wept ; this only provoked ridicule ; then he found if he held himself rigid, and simulated unconsciousness, his tormentors were genuinely alarmed, and he became the centre of sympathetic attention. He got into trouble with his sergeant because of insubordination, and was sent to Perth for punishment. While there it became evident that he required medical treatment, and he was sent on to Edinburgh to the Victoria Hospital. There is no truth in the statements that he has been in Canada or in

France. His conduct while in the Victoria Hospital was distinctly peculiar. On one occasion he went out very lightly clad and sat with his feet in the snow. He was always eager to elicit sympathy, and very probably his final indiscretion of tying the pyjama strings round his neck was done to call attention to himself as much as to play a trick on the sister.

After his admission to West House his behaviour at first was very good, but it speedily became evident that unless he got his own way he could be extremely sullen, impertinent, and insubordinate. After a short stay in hospital he was transferred to a ward with male attendants. This change upset him greatly, and he tried hard to get back to hospital by appealing for sympathy, and later by sullen insubordination; finally he tried a series of hysterical seizures, and was brought down to hospital and threatened with a cold bath. He thereupon recovered completely. He was sent back to the ward, where, under a *régime* of wholesome neglect, he speedily improved. The least individual attention on the part of the officials resulted in the patient either bursting into tears or embarking on a long account of fictitious happenings. After several weeks of inattention the patient was spoken to, and persuaded to give a truthful account of his doings. As the facts of the case were known it was an easy matter to check the patient when he deviated from the paths of truth. It was extraordinary the facility shown by the patient for romancing, and the difficulty he had in telling the plain truth. The slightest suggestion made by the interlocutor was picked up, and if not actually interwoven into the tale on hand appeared in a subsequent effort; for example—When speaking to him very shortly after admission, he mentioned that he had a sister, and a brother a captain. I slightly misunderstood him, and thought that he meant that he had a sister who had married a captain. I betrayed this mistake to him in course of conversation; he corrected me at the time, but next day gave me a full account of this sister's brilliant marriage to a captain in the army—he was even able to furnish details of the function down to the bridesmaids' dresses and bouquets. Although this was pointed out to the patient he was not at all ashamed, but admitted his tendency to romance. After the confidence of the patient was gained he began to be more truthful, but the habit of lying or romancing was so firmly established that only with one or two persons could he be relied on to be honest, and those persons had to be very watchful. Apart from this chronic habit of lying he manifested certain other evidences of moral obliquity. He seemed absolutely lacking in any sense of honour, and attempted on several occasions to get loans of money from persons who were manifestly unfit to lend money, with no hopes of repayment. He was utterly unscrupulous in taking advantage of any indulgence or kindness shown him, but had a superficial suavity and politeness of manner which served him in good stead. On the impulse he was quite capable of doing an unselfish deed, which he thoroughly appreciated and recounted to all and sundry for the next twenty-four hours, but systematically he was extremely selfish and inordinately vain. This vanity was, of course, manifested in his constant desire to call attention to himself, either by romancing wildly about his own antecedents, or by announcing that he was to commit suicide. When it was demonstrated that he was lying,

and that we knew that he was lying, when his "fits" and talk about suicide failed to elicit sympathy or interest, he was clever enough to pull himself together. After some weeks in West House he announced that he was to behave, but the improvement seemed to be due to the fact that his moral vagaries were unremunerative, and not to any improvement in his moral tone.

Physical examination.—Before describing the symptoms as they appeared when the patient was examined at West House, I should say that he was examined by Dr. Ninian Bruce at the Victoria Hospital, who found all the reflexes to be normal.

The physical examination did not reveal much. There was no sign of disease in the chest or abdomen, while the evidence from repeated examinations of his nervous system was very conflicting. When he was first examined it was found that the knee reflex on the right side was sluggish, while that on the left was normal. The same was found for the supinator, triceps, and adductor reflexes. There was no ankle or patellar clonus. The sensory reflexes followed the same rule, as the plantar, abdominal, epigastric, gluteal, scapular, and cremasteric were all slightly sluggish on the right side, and extremely active on the left.

The organic reflexes were all normal.

The sensory functions at the first examination showed great disturbance on the right side; the sense of touch, temperature, and sensibility to pain all being apparently diminished. The senses of weight, pressure, and position were normal on both sides. The diminution of the senses of touch, temperature, and sensibility to pain was so accurately limited to the right half of the body that hysteria was instantly suspected. Further experiments, in which it was strongly suggested to the patient that feeling was diminished on the left side, led to great confusion of symptoms. No weakness could be detected in any of the motor functions, neither was there any abnormality in the special senses except sight, which was defective. The customary tests applied to the cranial nerves gave normal results. The only physical symptoms, therefore, presented by the patient were the sluggishness of the deep reflexes of the right side, and the upset of certain of the sensory functions. As regards the first the sluggishness of the deep reflexes passed off, and at the end of three weeks the reflexes of both sides were equal and normal. The sensory symptoms, on the other hand, could be made to vary by persistent suggestion. As the patient improved the fact was demonstrated to him, and when examined by the physician in charge he gradually realised it was no use pretending, but with a newcomer he never failed to demonstrate some abnormality. This abnormality grew in degree according to the interest or sympathy displayed by the examiner. When challenged on this point he clung desperately to the theory that his feelings did change with different doctors; indeed it was found almost impossible to get him to own up in this matter. With so hysterical a patient it was extremely difficult to decide whether he really wilfully simulated symptoms, or whether he did not catch some suggestion from the examiner which so dominated him that he was practically hypnotised into presenting the symptoms.

The mental recovery of the patient, as indicated by a more stable emotional condition and by greater control over his conduct, coincided

with the disappearance, or partial disappearance, of his somewhat anomalous physical symptoms. The moral defect of the patient was, of course, a serious and unsurmountable difficulty in his complete recovery to a normal mental condition. Indeed so deficient was the moral sense that his apparent recovery seemed to be largely due to a realisation that being ill and troublesome did not pay in this institution, and not to any greater development of his moral sense.

My best thanks are due to Dr. George Robertson for kindly criticism and guidance in the preparation of this article.

Part II.—Reviews.

The First Annual Report of the Board of Control, for the year 1914.

The First Annual Report of the Board of Control for the year 1914 is a surprise from the fact that it contains nothing surprising. Its late appearance gave rise to some expectation that it might contain important new departures, but those who know the overwhelming amount of work that has fallen on the Board of Control can only wonder that any report has been forthcoming. Under such circumstances there can be no astonishment at this being almost a stereotype of its predecessors, containing little that can be called new.

Statistics, etc.—The number of notified insane persons in England and Wales on January 1st, 1915, after adjustment in regard to the Mental Deficiency Act, was 140,466, an increase of 2,411 on the previous year.

The increase was 563 on 1913, but was only 21 above the last quinquennial and 160 above the decennial average. The bulk of the increase went to the County and Borough Asylums, but 514 were in Workhouses and 132 in the Metropolitan District Asylums. The number in Criminal Asylums decreased by 42, and those living in the care of friends receiving Poor Law relief diminished by 139.

The patients in provincial licensed houses increased by 66, and private single patients by 16, but those in Metropolitan licensed houses decreased by 4, and in registered hospitals by 19.

The private patients in County and Borough Asylums are now 38·8 per cent. of the whole number. The Report points out that many patients classed as paupers are not so in a strict sense, many of them being maintained by their relatives, who refund the whole of their maintenance, and in some cases in addition a proportion of the construction and upkeep of the asylum. Although some of these are said to be classed as "private," it appears that they are treated as paupers. This does not stimulate effort on the part of the relatives to contribute to their maintenance, and it is surely desirable that some encouragement should be given, by transfer to the private annexes of the asylums, a portion of the