

OBSERVATIONS ON FOREIGN-BODY SWALLOWING IN PRISONS.*

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THE swallowing of foreign bodies is more prevalent in prisons than in mental hospitals. Is it that there is something in the prison environment which causes some prisoners to swallow foreign bodies, or should the clue be sought for in the personalities of the swallows? A few prison swallows are insane, the great majority are not.

Most of the swallows I have seen were psychopathic personalities of various types. They had long histories of emotional instability, anti-social propensities and social incapacity. They swallowed, often repeatedly, a variety of foreign bodies, such as knives, forks, spoons, toothbrushes, needles and pieces of metal, glass and razor blades. They did so heedless of the immediate consequences, and with a lack of reflection or appreciation of long-term consequences which is characteristic of the psychopath. It is significant that very few of them swallow foreign bodies when at liberty.

Some swallows are of a paranoid type. One swallowed the handle of a safety razor which he passed, then a fork and later another fork, both removed surgically. He told me that the swallowing of foreign bodies was "a deliberate plan to cause the prison authorities as much trouble as possible." His ideas were warped and his outlook paranoid. He seriously suggested that the police "manufacture" crime, and said that he felt it his duty to expose a brutal and unjust penal system. To him everything a fellow prisoner did was right, and everything the authorities did was wrong.

Others are of a hysteroid type, the cardinal feature being an emotional instability, and apart from the swallowing there is usually other evidence of a hysteroid personality. They frequently complain of subjective symptoms with no signs of organic disease. The most is made of any minor physical disability in an effort to obtain preferential treatment in prison. A diagnosis of psychopathic personality in one of the Services is regarded as the best excuse for their crimes and for misconduct in prison. They are adepts at self-deception.

Others are the explosive or aggressive type of psychopath, showing as main features an excitable character, unreliability, and anti-social propensities. In prison they show "short circuit" psychopathic reactions of various kinds, and a large proportion of them have convictions for serious crimes of violence.

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One of these had four operations within a period of four months for the removal of foreign bodies such as forks. He told me that "he could not stand being checked by prison officers." He was selfish and unscrupulous, and had no remorse for his last crime, which was robbery with violence. He wanted money, and to him nothing else mattered at the time.

A few are the inadequate type of psychopath, a social nuisance rather than a danger. One of these swallowed mail-bag needles, and on other occasions inflicted self-injury by inserting needles and other foreign bodies into various parts of his body. He had six operations for their removal. He was below average at school, always in casual work, and never out of prison for more than a few months at a time, usually convicted of theft of bicycles. In prison he was inconsistently euphoric, had a sense of humour, seemed to enjoy being a nuisance, and was childishly contented, lazy, and had no positive qualities of character. He stated that self-injury and swallowing of foreign bodies "always happened on the spur of the moment." Though of low intelligence, he was not feeble-minded.

The reasons given by all types for the swallowing were very varied, and as a rule irrational, illogical and inadequate. Some alleged that they were not being properly treated, some said they wished to cause trouble, and others that they were in debt to other prisoners and unable to pay. In prison the creditor is not expected to press for payment after the debtor has had an operation! Very rarely did a swallower even suggest that he wished to commit suicide, and in fact all of them placed a high value on life, and having swallowed foreign bodies were most anxious to have medical and surgical treatment. From the reasons given it is obvious that conscious motives are not the full explanation, and the swallower is not aware of the true motives. Investigation of these cases was unusually difficult as the men were of only fair intelligence. They were often suspicious, and having given their reasons, expected them to be accepted. Hence the co-operation necessary for anything like a deep psychological investigation was rarely obtained.

However, it was possible to note certain features which most swallowers had in common. There was usually a history of an unhappy early childhood, as seen in one case where the prisoner's father cohabited with a woman by whom he had an epileptic daughter. The daughter was favoured, while the prisoner was beaten by his father whenever the woman complained of him, which was frequently. When old enough the boy ran away from home and has led a criminal life since.

Another common feature was the absence of any real desire to commit suicide, already mentioned.

In my view the unconscious motives behind the conduct of swallowers depend upon feelings of resentment and hostility towards someone in authority or towards an environment which is felt to be oppressive, and such feelings may date back to very early childhood. When such feelings are nourished there is usually a sense of guilt, and at least unconsciously, a sense of guilt provoked desire for punishment. This may partly explain the comparative frequency of foreign body swallowing and self-injury in prisons where authority is much in evidence and the environment is regarded as oppressive. A very simple

explanation would be that the swallowing is a form of escapism from unwelcome discipline and work into the more pleasant atmosphere of a hospital, but I think this is very rarely the case. The prison swallower actually lengthens his sentence by forfeiting remission marks when in hospital through his own fault.

In many cases it was not unreasonable to suppose a strong unconscious sense of guilt. One such case was a man brought up in a crowded slum district, with very little parental control. He usually quarrelled with his father, who was cantankerous, and an invalid from war injuries. He had a fair record at school, but from an early age was the leader of a gang of petty thieves. When 19 years old he was convicted of murder but reprieved, and spent 15 years of the life sentence in a convict prison. Twice during that time he was certified insane and spent periods in Broadmoor. Soon after release he was back in prison and swallowed spoons, a knife and fork, and since then has had four operations for swallowed foreign bodies. The reasons he gave for swallowing varied, but a consistent one was that he was not allowed to work where he wanted. He was reluctant to discuss the murder, but agreed that he had no grievance against his victim, whom he says he intended to injure, but not to kill. His attitude was that he "had done time for it and that ended it." He felt that it was harsh to sentence him to death for an offence he had not intended to commit, and he felt hostile towards the police and other officials. He was a man of poorly integrated personality, and it is significant that he twice developed a psychosis *before* he took to swallowing foreign bodies.

All swallowers demand urgent medical attention, and expect the doctor to assume the responsibility that nothing serious happens to them. These attempts to shift the responsibility on to the doctor are very noticeable, and may be an effort to ease the conscience. As far as I was able, I discussed with swallowers their emotional state before and after the swallowing, and I was left with the impression that very few of them were severely depressed at the time. Most of them felt frustrated. They often said they were "fed up" or "browned off." One told me he swallowed when "he was being ordered about and couldn't hit back." I also had the impression that there was as a rule very little premeditation, and very little resistance was put up once they thought of swallowing.

A not unusual type of reaction to guilt feelings which about half the swallowers show is guilt projection in the form of paranoid ideas. Rarely is there much to suggest that the swallower is masochistic.

It may be of interest to give some idea of the amount of crime committed by swallowers. The last twelve under my care had a total of 143 convictions, and the total of the sentences awarded by the Courts was 178 years. Two of the twelve had been certified insane many years ago, and one was certified insane nine months after the swallowing. He twice had a knife removed from the stomach. However, none of the twelve were insane when they swallowed.

In conclusion it may be of interest to summarize the methods of physical treatment. A prison knife is 8 inches, a fork $7\frac{1}{2}$ inches, a spoon 7 inches, and a toothbrush 6 inches, and those who swallowed any of these articles complete

needed an operation. I think the prize prison swallower was a man who had $5\frac{1}{2}$ forks and 2 spoons removed at one operation.

When small foreign bodies are swallowed, a diet of bread and porridge, careful examination of all stools and vomit and periodic X-ray examination is all that is usually required, and they are as a rule passed within eight or nine days. The indications for operation are (*a*) perforation indicated by signs of peritonitis, and (*b*) impaction of the foreign body in any part of the alimentary tract. In cases of impaction it was not always easy to decide when to operate. If serial X-rays show that the foreign body has been stationary for two or three weeks I think that operation is indicated even if there are no acute symptoms. It is amazing what can be passed naturally. Within a time limit of three weeks, and in the absence of acute symptoms there is no urgency for surgical interference, and the doctor may safely feel that "They also serve who only stand and wait."
