

# Small Chance for Draft Dodgers If Doctors Know Their Business

## Scientific Methods for Detecting Malingerers Who Pretend Ailments of Eyes, Ears or Muscles

**A** WORD with you, Mr. Would-Be Slacker. If you're thinking of trying to dodge the selective draft by pretending physical disability when you get before the local exemption board, here's a bit of advice: Don't. Since you are Mr. Would-Be Slacker there is no use preaching patriotism to you. But here is something that will influence you: If you try to dodge the draft and are caught, there is a heavy penalty, both fine and imprisonment; and you're almost sure to be caught.

Yes, there is no question about it, it seems an easy sort of a thing to dodge the draft by "faking" some sort of physical disability. For instance, Uncle Sam doesn't want men who cannot hear well with both ears. Now, it would seem that all you have to do to escape shouldering a rifle and being shipped off "somewhere in France" is to pretend and keep on pretending that you can hear with one or the other or both ears. If you simply keep on pretending, who there that can get inside your head and discover whether or not you really can hear?

Once more a bit of advice: It's better for you to shoulder your rifle than to experiment with a local exemption board in the effort to find out whether deafness can be feigned.

It is true that the raising of an arm by conscription has reversed the experience of our army surgeons. Heretofore, with a volunteer army, their effort has been directed to keeping out the unfit who want to get in. With a conscript army the effort must be directed to getting in the fit who want to keep out. Translated into current slang, this effort on the part of the civil surgeons on the local exemption boards and of the army surgeons to whom the conscripts will be passed on before they are finally accepted into the army, is "spotting the faker." Translated into medical language, this is "detecting the malingerer."

Now, the malingerer, with all his wiles, is an individual with whom the medical profession is well acquainted. Specialists have devoted much high-priced time to him. They have devised strategies with which to meet his stratagems; they have invented machines with which to detect him; and, most important of all, they have written books so that their specialized knowledge may be passed on to the general profession.

All of this has come about because negligence suits against employers, accident insurance, and railroad companies have made malingering a profitable occupation, if it can be astutely enough pursued. The employers, accident insurance, and railroad companies have been willing to pay the doctors liberally if they could become more astute than the malingerers, and the doctors have.

There is perhaps no greater specialist on this subject in the world than Sir John Collie, M. D., J. P. He has had a long and wide experience in England, rendering services to the Council of the City of London, employers, and insurance and other accident offices. His book, "Malingering and Feigned Sickness," is a recognized authority.

Here is a list of the professional paraphernalia that Sir John carries with him when he is called away from his office to examine a malingerer suspect:

1. Small faradole battery, with break key in one of the electrodes.
2. Stethoscope.
3. Ophthalmoscope.
4. Plain mirror for retinoscopy.
5. Aural specula.
6. Tuning fork.
7. A treble wick candle.
8. Ordinary tape measure.
9. Nasal specula.
10. Sheet of Snellin's test-type for distant vision, (unmounted.)
11. Test-type for near vision, (Professor E. Jaeger's or Snellin's.)
12. Set of red, blue, and green pencils for marking the skin.
13. Bottle of binlodge sololde.
14. India rubber finger-stall.
15. Tube of sterile vasellina.
16. Notebook and pencils.

This is what might be called the fixed battery of the expert who goes gunning for malingerers. The fixed battery, his office paraphernalia, is even more unnerving. Only one item of this will be mentioned here. This is the battery for combined continuous and farad currents.

Any one unacquainted with the wiles of the malingerer is amazed to learn the lengths to which he will go. He may, for instance, wish to simulate a hand or arm or foot or leg that has lost muscular power and become atrophied. In order to do this, he may keep the extremity helplessly swathed in bandages until from lack of use it actually acquires the flabby, blue, bloodless appearance of a genuinely atrophied extremity.

But unfortunately for his painful built up plan, there are electric reactions of the muscles. No one has control over the electric stimulation of his muscle tissue. This is what the battery is for. A chart of the body, with dots showing the motor points, looks like a piece of fly paper at the very apex of the first season.

Such methods, however, are only fall-back upon in extreme cases. As a general rule, the doctor's special knowledge matched against the malingerer's ignorance of physiology and anatomy, together with the fact that he is lying and trying to make up symptoms and must constantly be on his guard, is sufficient to decide the match.

Ordinary professional knowledge and usually a sufficient equipment for the doctor who is trying to detect the malingerer. If he's got a little of the expert cross-examiner in him, he may be said to hold cards and spades in the game. But if in addition to all this he has just a dash of Sherlock Holmes, he's got the deck hopelessly stacked against the malingerer.

To illustrate: Pretended deafness is recognized as one of the most difficult things to detect. Here appeareth the ability of the cross-examiner. Sir John tells the story.

A reluctant juryman complained to the court that he was too deaf to serve.

"I regret," said the Judge in kindly sympathetic and subdued tones, "to hear of your affliction. How long have you suffered?"

"For a very long time, Your Honor," came the prompt reply.

"You'll make a very satisfactory juryman," opined the Judge. "I won't excuse you."

Now for the Sherlock Holmes touch: Sir John urges that where a man complains that an upper extremity is useless, the hands be carefully examined and compared to see if one is markedly softer than the other, or if callosities are equally pronounced. He also says to look at the hand that is said to be useless, to see if it is stained with tobacco. If the man complains that one leg is powerless, look at his shoes; if they are both equally well worn, presuming that they are not a new pair, the inference is obvious.

One of the ruses that Sir John dwells upon as a trap into which the malingerer is sure to fall unless he is both unusually wary and also well acquainted with physiology, is to make the examination of the suspected muscle or organ when you have thrown the malingerer off his guard by apparently transferring your examination to some other part of the body.

A man complaining of sciatica may be taken as an instance. Sir John says that he has been able to satisfy himself of the absence of any real sciatica by asking sympathetically if the soles of the feet are sensitive to pin-pricks, and asking the patient to straighten his knee and raise the sole of his foot to the doctor's hand. If no pain is complained of in this position, (knee extended and the ankle and hip flexed,) it is an almost sure indication that no sciatica is present.

In cases of pretended muscular weakness of one of the arms, a useful method

is to lift both arms at right angles to the body and into a horizontal position. Then suddenly withdraw all support. If one arm were really incapable of being raised, as is so often alleged, it would drop limply to the side when all support is withdrawn. Often, however, what happens is that it remains for a second or two in the position into which it was lifted, and then, as the suspect becomes aware of the trick that is being played on him, it is gradually allowed to fall to the side.

Sometimes, when a man says he cannot raise his arms because of an alleged paralysis of the deltoid and other shoulder muscles, if the arm is placed by the examiner in a horizontal position and the man is sympathetically exhorted to be very careful how the arm is allowed to fall to the side, not infrequently he will slowly and gradually let the limb down—unmistakable evidence that the muscles are still capable of exercising their functions.

Sir John relates how a certain man complained that because of an accident he could not raise his arm from his body more than a certain height, demonstrating by raising it to no more than a right angle. Sir John suddenly asked how high he could raise it before the accident and he shot it high above his head.

One of the most frequent questions the examiner has to decide is whether an alleged pain is real, exaggerated, or wholly absent. Experience soon gives an instinctive perception of the truth.

The attitude of the malingerer at the very commencement of the examination will often show what course he is going to pursue. He shrinks away before he is touched. When he is induced to submit to examination, he complains bitterly long before he can possibly have been really hurt.

Often it is remarkably difficult to keep him from looking at the place which is being manipulated. Knowing that he cannot feel pain from the movement which is being made, he desires to fall back upon the sense of sight for information as to the exact time when his protest may best be made. Sir John says that it is therefore one of the first essentials in an examination to make the patient keep his face turned away from the part which is being manipulated.

Sir John recommends, as the first thing to be done, that the suspect be asked to point out with one finger the exact spot where he feels the pain. This should be marked with a blue pencil. After a little interval, the suspect is again asked to indicate the spot. He should not see where he is pointing, and, if the pain is an assumed one, he may point out a spot several inches away from the first one.

The suspect will probably complain of the lightest touch. His attention must be distracted by various means. One way is to ask him whether the other side hurts, at the same time applying firm pressure to it. His attention being diverted to the other side, it may be possible to put considerable pressure on the side that is alleged to be affected without eliciting evidence of pain.

Every doctor knows the movements that will produce pain in a given portion of the body, supposing there is any real trouble there. If, for instance, a man really has pain in the upper part of his back, this can generally be elicited by bending the head forward, while the trunk is held rigid, thus stretching the vertebral muscles. Sir John points out that a very important thing to observe is whether there is an interval between the movement alleged to be painful and the expression of pain. In true pain, the wince or the cry, or whatever indication is being made that pain is being felt, follows almost instantaneously on the stimulus causing the pain and is involuntary. If there is an appreciable interval, however short, it indicates that



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the patient has had to think whether or not he is really suffering.

There are also certain objective symptoms which may be present. There may be flushing of the face or pallor and sweating. There may be dilation of the pupil of the eye. One authority states that the pupil will sometimes be found to dilate rapidly when pain is really felt. There may be increased rapidity of the pulse.

Alleged partial blindness is not so difficult to detect, says Sir John, as might at first be imagined. He describes an impressive number of ways whereby, relying on nothing but cards of test-types or equally simple contrivances, the doctor may unmask the man who is pretending that the vision of one or both eyes is defective.

Here is an experiment to be tried on a man who is suspected of hiding his ability to read test-types:

Place him twenty feet away from a pierglass upon which is fastened a card of Snellin's test-types and induce him to indicate the line beyond which he can no longer read the letters. Then stand him ten feet nearer the mirror. Place a test card with similar letters of the same size, but printed backwards, in his hand to be held facing the pierglass and in front of his chest. Then tell him to read the letters which he sees reflected in the mirror.

As he is now standing at half the distance from the mirror that he was in the first place, should he be ignorant of the laws of reflection, he will usually, if a malingerer, boldly read double the number of letters that he read in the first instance.

A man who is pretending that he can only see with one eye may be easily detected with the ordinary parlor stereoscope. Most of the ordinary double photographs prepared for the stereoscope have a description of the subject printed at the bottom of one photograph only, generally that opposite the right eye. This printed matter, when looked at through the stereoscope, is seen with the right eye only; and if, therefore, it is read, it proves that the right eye is not blind.

If the printed matter is covered over by means of a strip of paper, and the same words are similarly printed at the bottom of the photograph which is opposite the left eye; and the suspect again reads the description, he sees also with the left eye.

Another useful test is based on the fact that if one wears green glasses he will not see that grass is green.

Print on a piece of ordinary note paper the letters T H E O R Y. The alternate letters are to be made with a very soft red, and the others with a very soft black pencil. Suppose the person who is being examined says he cannot read with his right eye. Put a piece of ruby red glass (a piece of the red glass from a photographic lantern will do) in front of his left eye, and ask him to spell the letters in front of him. If he spells T H E O R Y, then he sees with the right, or alleged blind, eye. The ruby glass absolutely prevents the red letters from being seen with the left eye, and as he has read the

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red letters, he must have done so with the right eye.

Sir John cautions that in making this test it is important not to mark the letters heavily, or the impression of the letters, apart from the color, will show on the paper and can easily be read. It is for this reason that the examiner is warned to use a soft red pencil. Red ink is not suitable.

Pretended deafness is one of the most difficult forms of malingering to detect. Deafness of long standing can be diagnosed from the voice. The characteristic monotone of the deaf is only found in pronounced and genuine cases. A man who is deaf in one ear and who wishes to hear naturally and involuntarily turns

his head toward the speaker. Vowel sounds are better heard than consonants.

Even these few facts, used with guile, have proved sufficient to trap many a malingerer. A man who has obstinately refused to hear has, after a long examination, been caught by the simple ruse of being told, in the same tone of voice: "All right, you can go now."

There are many tests. Some, for instance, with the tuning-fork, which placed near the opening of the ear, or against the skull back of the ear, or in the middle of the forehead, produce different results upon a person who is genuinely suffering from one or another form of deafness, results which it is impossible for the malingerer to describe unless he has professional knowledge and can use it readily.

Here is a simple method of testing

the hearing recommended by Sir John: One ear of the suspect should be closed by one of the examiners placing the palm of his hand accurately over the opening of the ear and pressing it firmly. The suspect is then blindfolded, and he is tested at various distances by means of a watch, tuning-fork, or whispering. And the results must be definitely recorded. If malingering is being attempted, it is impossible for accuracy to be maintained, and the recorded results will vary in an amusing way. The hearing distances will be found to increase gradually as the testing continues. For instance, the suspect is asked whether he hears the watch at, say twelve feet. If he says no, the examiner noiselessly approaches until, perhaps at two feet, he admits that he hears it. This is noted and the experiment

repeated several times. The bandage covering the eyes is removed, and the whole experiment is fully explained. Then the eyes are again blindfolded, and the experiment repeated. At every stage a careful record should be made in writing. In time the suspect becomes very uncertain of his ground, and his answers become so inaccurate that there is no question that he is telling a falsehood.

All of Sir John's remarks were confined to men who were trying to fleece railroad and accident insurance companies and such. Failure simply meant a business venture that went astray. The conscript malingerer before one of Uncle Sam's local exemption boards will have this further—and very big—handicap: Failure will mean heavy fine and imprisonment.

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