THE BACKGROUND OF A "MUNCHAUSEN" PATIENT (HOSPITAL ADDICT)

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SINCE Asher coined the term "Munchausen Syndrome" for the condition (Asher, 1951) there have been other reports (Bagan, 1962; Chapman, 1957; Clarke and Melnick, 1958; Davis, 1951; Frankel, 1951; Gatenby, 1955; Harold, 1951; Heller, 1951; Sanderson, 1957; Small, 1955; Wade, 1965; Williams, 1951; Williams, 1961) of patients who repeatedly present themselves at general hospitals with self-induced dramatic symptoms.

Little is usually known about the patients (Bagan, 1962; Balmforth and Pollock, 1955; Barker, 1962; Wade, 1965; Chapman, 1957) except their complaints and hospital adventures, and they discharge themselves before they can be adequately examined by a psychiatrist. The patient here described is of interest because his life story is reliably known, as well as because he underwent exhaustive psychiatric investigation and attempts at treatment.

Case Report

Known Hospital Admissions

Sept. 1961	— Birmingham General Hospital having (it transpired) tried to cut open an old hernia scar.
Aug. 1962	— Birmingham Eye Hospital — 'severe headache.'
Sept. 1962	— Worcester Royal Infirmary — 'headache and nasal discharge.'
Oct. 1963	— Worcester Royal Infirmary — 'P.Y.U.O.' (shaking thermometer up).
Nov. 1963	— Worcester Royal Infirmary — 'dyspnoea.'
Dec. 1963	— Worcester Royal Infirmary — 'abdominal pain'— appendectomy yielded normal appendix, kept pulling his sutures out post operatively.
Feb. 1964	— Powick Psychiatric Hospital.
March 1964	— Worcester Royal Infirmary — 'haemorrhage from left ear' (due to picking his nose and putting blood in the auditory meatus).
Oct. 1964	— Worcester Royal Infirmary — 'pain in left knee, both arms and pyrexia' (latter due to putting thermometer on radiator).
Nov. 1964	— Worcester Royal Infirmary — 'severe headache and backache' after "being knocked down by a car" (fabrication).
Dec. 1964	— Powick Psychiatric Hospital.
Jan. 1965	— Royal Infirmary, Glasgow — suicidal attempt, barbiturates.
April 1965	— Coney Hill Psychiatric Hospital, Gloucester.
June 1965	— Psychiatric Department, General Hospital, Newcastle — suicidal attempt, leap from train.
Oct. 1965	— Morningside Psychiatric Hospital, Edinburgh.

Psychiatric History. P. was born on 22nd September 1945 while his father was in the Army. His mother died (leg vein thrombosis) when he was eight weeks old. His paternal grandmother, with whom he and his father lived, was fond of P. although she had opposed his parents' marriage. P. was an affectionate but unruly boy who was hospitalised for 10 days at the age of four for an inguinal hernia operation and said to have been terribly upset.

His father, an obsessional and anxious carpet weaver, re-married when P. was aged seven. P. had appeared to welcome the idea and the family moved to a well-furnished, three bedroomed house. His stepmother, an intelligent woman, tried hard to meet his needs and grandmother (who did not approve of living with married children) stayed on her own.

P., to his parents' distress, truanted from school, passed indecent notes at church choir and eventually appeared before a Juvenile Court in August 1958 where he admitted stealing the contents (£9) of letters his stepmother had asked him to post.

His father who harangued the Court urged that P's name should appear in the Press. P's Headmaster reported that he was 'pleasant, clean, tidy and well-spoken but unreliable and untruthful.' At a Remand Home his I.Q. (Terman-Merrill Scale, Form L) proved to be 88. On Porteous Mazes he showed 'normal foresight although slow, unsure of himself and seeking frequent re-assurance.' Rorschach testing suggested '... the early loss of his mother has not produced an affectionless child and he seems to be inhibiting responsiveness to his needs... reactions guided much by fantasy with little reality conformation... traces of aggressiveness in his fantasies but not to an alarming extent.' The findings were thought to give a hopeful picture, with a good deal of control over his impulses despite low intelligence. His behaviour, however, deteriorated and it was reported that he micturated on other boys or their clothes in the lavatory. His step-mother was in tears at visits and feared herself criticised as in fairy tales. In November 1958 P. was sent to a Children's Home. He behaved equally badly there, threw water over one child, broke another child's pen, bullied a mute boy and was caught in sex play with him. He was also suspected of wandering around at night shining a torch into girls' bedrooms. The Principal of the Home called him a "most obnoxious boy, ingratiating, unpopular although deferential in the face of authority." He was admitted to a residential school for maladjusted children, and was treated by systematic individual psychotherapy directed at his feelings about his various mother figures.

In April 1959 his step-mother had a baby boy, whom P. talked a good deal about and for whom he appeared to have much affection. P's parents visited him frequently. The school reported that he was 'helpful, good-hearted, immature but afraid to develop his own style of life' although later reports said he made 'little effort, was restless, irresponsible and causing considerable strain.' At the beginning of 1960 P. absconded twice,

but in April it was thought he had improved. During summer 1960 he stole a bicycle and appeared before another Court. His parents therefore refused to have him for his holiday and in August 1960 he was back at a Children's Home, absconded, the Home then being unwilling to take him for the rest of the holiday. He was sent back to a Remand Home (pending appearance in a distant Juvenile Court for stealing cigarettes while on holiday). He then returned to school where he was said to have become a 'frightful problem' despite psychotherapy and chlorpromazine.

The Children's Department provided money for a watch and a bicycle in the hope that if he had something to be really proud of he might behave better. In August he re-appeared before the Court having stolen another 80 packets of cigarettes. This time he was committed to Approved School and in September 1961 while at home for his grandmother's funeral he developed hysterical paralysis together with abdominal pain. In September 1962 he was released on licence from the Approved School and went to live with his family again.

He started work as a building labourer but after his behaviour caused problems at home his parents asked him to find lodgings. (This was with a family known to the Children's Department as having taken difficult boys before and usually managed to cope with them). He drifted from job to job and lived on a small sum of money which his mother had left in trust for him. Eventually he was recalled to the Approved School in March 1963, being again released on licence in November 1963. His parents did not want him back, he could not find lodgings and therefore lived in the Y.M.C.A. having been found another job as a labourer. He only kept this for a few days before presenting himself at a local hospital. On 17th February 1964 he appeared before a Court on a charge of stealing £33 from his landlord. He was remanded for psychiatric reports and put on probation for two years, conditional to twelve months in-patient care at Powick Hospital. He spent 10 months there, and repeatedly absconded. There were also numerous episodes of self-laceration, attacks on other patients and staff, drunkenness, stealing drugs, and more bizarre escapades, such as one occasion when he climbed on the hospital roof. He was eventually discharged after a drunken bout.

He returned to work, found lodgings and attended a follow-up clinic uneventfully for some weeks. This idyllic period, however, was followed by a journey to Scotland, a suicidal attempt, return to a Gloucester psychiatric hospital (on a Court order) and again absconding. He next spent four months at a professorial psychiatric unit in the North, from which he eventually had to be removed by the police after episodes of theft, planning to elope with married female patients and encouraging other patients to attempt suicide.

Psychiatric Investigations and Treatment: Physical examination normal. Serial EEG recordings normal, as were WR, skull and chest X-rays, haematology etc. Psychiatric examination revealed truculence alternating with apathy or penitence and there were never signs indicating any psychosis. Psychometry confirmed his I.Q. as 85-90. Despite the unsuccessful attempt to treat P. psychotherapeutically when a child, he was seen daily for some weeks by an analyst while at Powick Hospital but without apparent benefit, and with the production of so little useful material that the analysis was abandoned. He was then treated in an active rehabilitation programme with industrial occupational therapy and group discussions in a "therapeutic community" setting for some months, but without any apparent effect, except the total disruption of the ward by his behaviour. Individual supportive psychotherapy and

attempts at psychotherapy with adjuncts (barbiturates and methedrine) were also fruitless, as apparently were the several courses of electroplexy which he was given at other hospitals where he was later treated. Drugs tried included most available anti-depressants, tranquillisers and sedatives, seriatim and in various dosages and combinations.

Discussion

There has been a good deal of speculation on the possible motives for the behaviour of "Munchausen" patients (Asher, 1951; Bagan, 1962; Chapman, 1957; Small, 1955). It has been suggested that they may be psychotic, may have a grudge against doctors, a need for drugs or accommodation, or even on the run from the police. Very few appear to have agreed to see psychiatrists, although it has been suggested that machinery should be set up for their long-term compulsory admission to mental hospitals (Chapman, 1957; Wade, 1965).

Judging from the handful of patients reported by psychiatrists (Barker, 1962; Barker and Lucas, 1965) as well as the present case, it seems highly probable that "Munchausen Syndrome" is a variant of hysterical personality disorder (Bagan, 1962; Barker, 1962; Clarke and Melnick, 1958; Frankel, 1951) and a 'somatic' equivalent to hysterical "pseudo-dementia" (Ganser's Syndrome) which occurs in similar personalities (Sim, 1963). The problem of attempting to separate 'conscious' from 'unconscious' motivation is common to all hysterical states (Gros, Slater and Roth, 1960) as is the well known pliability of the hysterical physique, the self-dramatisation of the hysteric and the ability to emotionally dissociate (Jaspers, 1946) which enables him to display abnormal complacency (Janet, 1893) or even apparent enjoyment of highly uncomfortable procedures (Asher, 1951; Barker, 1962; Chapman, 1957). P. appears a fairly typical example of the syndrome (Barker, 1962). It is likely that his personality disorder is related to the early loss of his mother (Bowlby, 1951) but the personality warp continued despite the expenditure of a good deal of time, trouble and kindness by relatives and innumerable agencies whom it is fatally easy to criticise in retrospect. His choice of symptoms may well have been determined by his childhood hospital experiences and thus may be regarded as a maladaptive conditioned reflex arising in an abnormally organised central nervous system (Gros and Slater, 1960) or as due to his profoundly disturbed Oedipal situation (Fenichel, 1955; Glover, 1949), depending on one's psychopathological orientation. Barker (1962, 1965) suggests that such patients' behaviour is basically suicidal (Menninger, 1938) and the association of "Munchausen" features and overtly suicidal behaviour in P. supports this contention. P. appears to be a unique case in the amount of reliable information available about his early life, but attempts to use this in psychotherapy were hindered by the flat, uncommunicative, basic hostility to doctors and emotional lability noted in other such patients (Barker, 1962).

It has been suggested (Fenichel, 1955; Wikler, 1953) that drug taking in opiate addicts meets abnormal sexual needs, as well as being simultaneously both an expression of hostility towards society and expiation of guilt by a form of prolonged suicide. It seems possible

that similar mechanisms underlay P's apparent irrational and masochistic behaviour. Since the "withdrawal" symptoms when these patients are deprived of hospital experiences appear to be the substitution of even more anti-social and dangerous behaviour (Barker and Lucas, 1965; Chapman, 1957) the suggestion (Barker, 1962) that the term "Hospital addiction" should be used for the syndrome seems legitimate.

The "blacklists" of such patients mentioned by some non-psychiatric writers (Harold, 1951; Williams, 1951) are not only likely to be ineffective but may thus be potentially hazardous. It seems reasonable to regard "Munchausen" patients as mentally ill, as constituting an overt suicidal risk (Barker, 1962) and they can therefore be dealt with under the provisions of the Mental Health Act, 1959.

From P's career it seems depressingly clear that the usual psychiatric treatments are not effective in these cases, nor can conventional psychiatric units (or their staff) usually (Barker and Lucas, 1965) cope with the disruptive behaviour of such patients without material damage to the treatment of other patients. The best treatment is a matter for conjecture but a specialised unit, with selected staff (Baker, 1962) may perhaps be able to achieve useful results. There are indications both from this case and others (Barker, 1962; Barker and Lucas, 1965) that at present such a unit would need a security hospital setting.

Summary

A case of "Munchausen Syndrome" whose early life is documented and who came under psychiatric care, is reported. Possible psychopathology, terminology and treatment are discussed.

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VESICO — VAGINAL FISTULA FOLLOWING THE USE OF VACUUM EXTRACTOR

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SINCE the introduction of the vacuum extractor in 1954, its use is becoming more and more popular in different world centres — particularly those in Europe. Indeed, in the Scandinavian countries the use of the vacuum extractor has almost replaced that of the forceps. Malmstrom in Sweden reported 500 deliveries by the use

of vacuum, none by forceps. Lange in Denmark reported 895 deliveries again by vacuum and only 46 by forceps. Th. Brat in Brussels during a period of 10 years (1954 - 1964) had 1,135 deliveries by vacuum and 54 by forceps. In the Government Maternity and Gynaecology Hospital in Amman, Jordan, during 20 months (January 1964 to August 1965) there were 110 deliveries by vacuum extractor and 111 by forceps. In the latter hospital where there is more than one attending obstetrician the

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