

## Special Articles

## MUNCHAUSEN'S SYNDROME

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HERE is described a common syndrome which most doctors have seen, but about which little has been written. Like the famous Baron von Munchausen, the persons affected have always travelled widely; and their stories, like those attributed to him,<sup>1</sup> are both dramatic and untruthful. Accordingly the syndrome is respectfully dedicated to the baron, and named after him.

The patient showing the syndrome is admitted to hospital with apparent acute illness supported by a plausible and dramatic history. Usually his story is largely made up of falsehoods; he is found to have attended, and deceived, an astounding number of other hospitals; and he nearly always discharges himself against advice, after quarrelling violently with both doctors and nurses. A large number of abdominal scars is particularly characteristic of this condition.

That is a general outline; and few doctors can boast that they have never been hoodwinked by the condition. Often the diagnosis is made by a passing doctor or sister, who, recognising the patient and his performance, exclaims: "I know that man. We had him in St. Quinidine's two years ago and thought he had a perforated ulcer. He's the man who always collapses on buses and tells a story about being an ex-submarine commander who was tortured by the Gestapo." Equally often, the trickster is first revealed in the hospital dining-room, when, with a burst of laughter, one of the older residents exclaims: "Good heavens, you haven't got Luella Priskins in again, surely? Why she's been in here three times before and in Barts, Mary's, and Guy's as well. She sometimes comes in with a different name, but always says she's coughed up pints of blood and tells a story about being an ex-opera-singer and helping in the French resistance movement."

## DIAGNOSIS

It is almost impossible to be certain of the diagnosis at first, and it requires a bold casualty officer to refuse admission. Usually the patient seems seriously ill and is admitted unless someone who has seen him before is there to expose his past. Experienced front-gate porters are often invaluable at doing this.

The following are useful pointers:

1. (Already mentioned) a multiplicity of scars, often abdominal.
2. A mixture of truculence and evasiveness in manner.
3. An immediate history which is always acute and harrowing yet not entirely convincing—overwhelmingly severe abdominal pain of uncertain type, cataclysmal blood-loss unsupported by corresponding pallor, dramatic loss of consciousness, and so forth.
4. A wallet or handbag stuffed with hospital attendance cards, insurance claim forms, and litigious correspondence.

If the patient is not recognised by an old acquaintance, the diagnosis is only gradually revealed by inquiries at other hospitals. Some have given so much trouble elsewhere they have been placed on hospital black-lists. Often the police are found to know the patient and can give many helpful details. Gradually the true history is pieced together and the patient's own story is seen to be a matrix of fantasy and falsehood, in which fragments of complete truth are surprisingly imbedded. Just as the patient's story is not wholly false, so neither are all the symptoms; and it must be recognised that

these patients are often quite ill, although their illness is shrouded by duplicity and distortion. When the whole truth is known, past history sometimes reveals drug-addiction, mental-hospital treatment, or prison sentences, but these factors are not constant, and the past may consist solely in innumerable admissions to hospitals and evidence of pathological lying. Often a real organic lesion from the past has left some genuine physical signs which the patient uses (to quote Pooh Bah) "to give artistic verisimilitude to an otherwise bald and unconvincing narrative."

## SOME CHARACTERISTIC FEATURES

Most cases resemble organic emergencies. Well-known varieties are:

1. The acute abdominal type (laparotomophilia migrans), which is the most common. Some of these patients have been operated on so often that the development of genuine intestinal obstruction from adhesions may confuse the picture.
2. The hæmorrhagic type, who specialise in bleeding from lungs or stomach, or other blood-loss. They are colloquially known as "hæmoptysis merchants" and "hæmatemesis merchants."
3. The neurological type, presenting with paroxysmal headache, loss of consciousness, or peculiar fits.

The most remarkable feature of the syndrome is the apparent senselessness of it. Unlike the malingerer, who may gain a definite end, these patients often seem to gain nothing except the discomfiture of unnecessary investigations or operations. Their initial tolerance to the more brutish hospital measures is remarkable, yet they commonly discharge themselves after a few days with operation wounds scarcely healed, or intravenous drips still running.

Another feature is their intense desire to deceive everybody as much as possible. Many of their falsehoods seem to have little point. They lie for the sake of lying. They give false addresses, false names, and false occupations merely from a love of falsehood. Their effrontery is sometimes formidable, and they may appear many times at the same hospital, hoping to meet a new doctor upon whom to practise their deception.

## POSSIBLE MOTIVES

Sometimes the motive is never clearly ascertained, but there are indications that one of the following mechanisms may be involved:

1. A desire to be the centre of interest and attention. They may be suffering in fact from the Walter Mitty syndrome,<sup>2</sup> but instead of playing the dramatic part of the surgeon, they submit to the equally dramatic rôle of the patient.
2. A grudge against doctors and hospitals, which is satisfied by frustrating or deceiving them.
3. A desire for drugs.
4. A desire to escape from the police. (These patients often swallow foreign bodies, interfere with their wounds, or manipulate their thermometers.)
5. A desire to get free board and lodgings for the night, despite the risk of investigations and treatment.

Supplementing these scanty motives, there probably exists some strange twist of personality. Perhaps most cases are hysterics, schizophrenics, masochists, or psychopaths of some kind; but as a group they show such a constant pattern of behaviour that it is worth considering them together.

## ILLUSTRATIVE CASE-RECORDS

Three cases of the abdominal type of Munchausen's syndrome are described below; for they show clearly the typical features of the advanced form of the disease. Many other milder forms have been encountered, but it would be tedious if more were described. All the

1. Raspe, R. E., et al. (1785) *Singular Travels, Campaigns and Adventures of Baron Munchausen*. London: Cresset Press. 1948.

2. Thurber, J. *The Secret Life of Walter Mitty*. My World and Welcome to It. London, 1942.