

NEUTRALIZING CYLINDER GLASSES AS TEST FOR MALINGERING

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EALING

It is not easy to outwit a malingerer claiming a reduction of his visual acuity to approximately the same extent in both eyes. Some suspicion is aroused if the examinee reads fluently the first three or four lines of the sight-test and suddenly stops, as if he has decided beforehand how far down he will read. A clever malingerer, who has a certain knowledge of the principles underlying our tests, will not commit this mistake, nor will he be trapped by the increase of the subtended visual angle at a closer range. Prism tests and other methods, which may demonstrate a condition of binocular vision, do not exclude the reduction of the sight of both eyes to nearly the same degree.

In such cases, I have found the following test useful in finding out if the suspicion of malingering is justified. In addition to the glass, which gives the best possible correction, a +cylinder glass, *e.g.*, +cyl. 1.0 axis 90° is put in the posterior immobile compartment of the trial frame and the corresponding -cylinder glass -cyl. 1.0 axis 45° is placed in the revolving compartment in front. Now, the examinee is asked to change the axis of the -cylinder by turning the adjusting screw until he has got the clearest definition of the test types. It speaks strongly for his bona fides if he turns the axis into the neutralising position of 90 degrees. In the absence of any visible cause careful colour scotometry may supply an explanation of the case.

A malingerer is likely to put the axis at 180 degrees. If he still claims to see the fourth line of the sight test indicating the visual acuity 6/18, it is proved that his vision is at least 6/9, as the crossed cylinder reduces the visual acuity to about 50 per cent.

ANNOTATION

The Biter Bitten

The following story bears a moral and may be of interest. About twenty years ago a gentleman was referred to the writer for glasses. The patient was a man of about 62 years of age and had never worn any correction. He started life as a medical student, but found the work distasteful and went into business instead. He did well and when we first knew him he was retired and living in the country. His ophthalmic condition was perfectly straightforward. He had

compound myopic astigmatism in each eye. The refraction of the right eye was in the region of -3.5 D.sph. -1.5 D.cyl. axis horizontal or thereabouts and with this correction he read 6/6. The left eye had about -1.25 D.sph. -0.25 D.cyl. axis horizontal. He had always used his left eye for distance and the right for reading and had never had any discomfort. He did not wish to have to wear glasses for the distance and as all efforts to get him to read comfortably with a binocular correction failed, we contented ourselves with ordering a plane glass for the right side and $+1.0$ D.sph. for the left. At the same time we made him understand that this correction was, optically speaking, not correct, but that, as he did not tolerate the correct optical correction, the glasses we had ordered were a perfectly legitimate way of solving a difficulty.

All went well and for some years he reported each summer to be satisfied that things were all right. Then, one year, he failed to make an appointment, but about eighteen months after his last visit he came in and said he had a confession to make. "I was cajoled into going to another oculist and now I wish I hadn't," was the way he put it. We assured him that we claimed no monopoly in his case and proceeded to examine his sight. He was provided with glasses for reading, distance and bifocals, the correction being practically what we had found at his first visit. He said he had been able to see well with his binocular correction but never became quite comfortable with it, and the vision in his right eye was now sunk to less than 6/60. He volunteered the statement that his new oculist had condemned our makeshift correction. We gathered that he had been very outspoken about it, and had rather annoyed the victim. "I explained to him exactly what you said, but this made no difference."

Examination of the defective eye disclosed the fact that he had a complete temporal hemianopia on that side, and by an amazing coincidence we were able to show him the full charts of each field that we had taken eighteen months before. We asked if his new oculist had taken the fields and was told "no."

The subsequent history was one of slow deterioration, the other field became affected; he was found to have some malignant trouble in the prostate gland and he died a couple of years later.

Now for the moral.—However much one may wish to score off a colleague, it is never very wise to try to do so without knowing quite a bit about the patient, and without making sure that one has not overlooked some serious condition apart from the optical side of the case. In this instance the patient was a very intelligent man, he was quite unperturbed at the long dissertation on the incorrect glasses we had ordered and he resented the new oculist's attitude. One must not assume that the patient is an idiot because he happens to have consulted some one else first, and remember that most patients are sufficiently intelligent to appreciate honest work and bombast at their true value. The writer is now the sole survivor of this trio and no harm can come of this short story.