THE DETECTION OF HYSTERICAL BLINDNESS OF ONE EYE.

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OPHTHALMOLOGISTS have many ingenious methods for demonstrating that loss of vision in one eye is due to hysteria or malingering. Most of these tests, however, require apparatus which only the specialist can use. The method described below can be used accurately by any medical officer and the apparatus required costs only three or four shillings to construct. Provided that the defect in vision affects one eye only, the method will detect accurately both marked and slight degrees of functional loss of vision.

The main requirement is a pair of red and green “spectacles,” one “lens” being of each colour (fig. 1). Thin coloured celluloid is suitable for constructing the lenses and each should be about 3 inches in diameter so that they cover the eyes completely. Glue or rivet the red and green lenses together to make a pair of “spectacles” and attach the ends of a piece of thin elastic to each edge which, when stretched round the patient’s head, will hold the spectacles in position. They must be made so that they can be worn reversed.

The coloured material for the “lenses” must be carefully chosen. Black print should be visible with equal facility through each lens, or better, the red lens should be darker than the green: a double piece of red celluloid may be required to give the necessary effect. Writing in clean red ink should be invisible when viewed through the red lens.

It is now necessary to construct two sight-testing cards which, in most respects, are identical. Filing cards (8 by 5 inches) are convenient for this purpose. Each card may have three rows of test letters, convenient sizes being ½ inch letters for the top line, ⅘ inch for the second and ⅙ inch for the third line. The “12,” “9” and “6” lines on Snellen’s test card may be copied for this purpose.

For card No. 1 the letters are painted with a fine brush using ordinary blue-black ink. For card No. 2 the letters are exactly the same as in card No. 1 but, in this case, about half of the letters in each line are painted in clean red ink and are therefore invisible when viewed through the red lens.
It is essential that the red letters are drawn with a perfectly clean brush and that there is no preliminary drawing with pencil as a pencil outline is very difficult to remove completely with rubber. If the test cards are correctly prepared the red letters on card No. 2 are invisible when viewed through the red lens even in a bright light. If they remain faintly visible carry out the test in a slightly subdued light. Further, when viewed through the green lens, the black and red letters appear to be of approximately the same colour and strength.

The test is carried out as follows:

The examiner’s attitude is such that the patient has no reason to think that a crucial test is being carried out and the test cards are at first concealed lest the patient should memorize the letters. The spectacles are applied so that the red lens covers the good eye (they may be worn over the patient’s own glasses). The patient sits with the defective eye towards the light so that the examiner can observe any attempt to close this eye voluntarily. The defective eye is now covered by an assistance and test card No. 1 (black letters) is supported on a table at a distance from the patient which is less than the maximum at which he can read the bottom line. With the card supported in this position the good eye is now covered and the vision, if any, of the defective eye noted. This part of the test is carried out quickly lest the patient should learn all the letters by heart.

The patient is now asked to read out the letters of the bottom line while both eyes are open which, of course, he can do easily. The examiner then says: “Now we’ll have the same line backwards.” but while saying this he unobtrusively (pretending perhaps that the card is slipping) changes the cards so that the patient is now reading card No. 2 some letters of which are red. A cunning patient may now hesitate and may close the bad eye to find out what he ought to see, but this subterfuge is easily observed and the patient is pressed to keep both eyes open and to continue reading without delay.

When the loss of vision is due to hysteria or malingering, both red and black letters on the bottom line will be read correctly, whereas if the loss of vision is genuine only the black letters are visible.

When the red letters have been read aloud, thus indicating that the blindness is functional, the examiner may now say: “That is very good, for you are reading many of these letters with the eye you thought was bad. If we close the bad eye you will see that many of these letters are invisible.” The examiner now covers the bad eye himself and keeps it covered while the patient tries to read the letters. While still covering the “bad” eye he may press the patient to admit that the sight of this eye must be good and may encourage him to read the bottom line again. He can now, of course, only see the black letters and, if he reads the red letters, he must have learnt the line by heart. It is unlikely, however, that he can repeat all three lines, both forwards and backwards, from memory.

The further treatment of hysteria or malingering does not come within the scope of this note.