Camptocormia

PAUL PÉREZ-SALES

Camptocormia is a rare conversion syndrome found mainly in soldiers from World War I and II. No case has been reported since, but this paper reports the syndrome in a former soldier of the Nicaraguan army. It is characterised by severe frontal flexion of the spinal cord and knees, with passive dropping of both arms, and ton-romes behavioural abnormalities.

Conversion reactions have traditionally been one of the main causes of psychiatric morbidity in wartime, especially before 1950. Among allied troops in World War II they accounted for 10–25% of all psychiatric casualties (Davies & Bick, 1946) equally affecting male and female military personnel (Ballard, 1945) and being reported in different cultures. Horder (1939) classified 'war neuroses' in three groups: (a) 'general concussion reactions' in men without visible wounds (5–10%), (b) 'emotional shock' (acute) reactions (80%), and (c) "nervous and mental exhaustion as a result of prolonged strain and hardship" (10–15%), this latter group being close to the current concept of post-traumatic stress disorder. Although the available epidemiological data cannot be compared, it seems by analysing the amount of published literature that the profile of wartime casualties changed from being conversion disorders in World War I to acute anxiety reactions in World War II. This phenomenon could be partially substantiated by the shift from a preponderance of French psychiatry - and its interest in conversion and hysteria - in World War I, to more Anglo-American psychiatry, interested in the study of anxiety disorders and psychosomatic medicine.

Orthopaedic symptoms have been classic target symptoms in conversion. Boland & Corr (1943) found psychogenic rheumatism to be the major problem in 450 admissions among soldiers with a previous diagnosis of arthritis. Fox (1945) presented the results of a co-operative evaluation between a psychiatrist and a military orthopaedist in the assessment of postural malformations. They found psychogenic components in "the vast majority of cases". Sir Arthur Hurst has been the most prominent figure in this area. He described one of the first cases of camptocormia in England in 1918 (Walker, 1928) and kept on collecting evidence of all
Discussion

Campylocornis is a rare disorder with few descriptions in the literature. Hamlin (1943), studying a sample of 474 soldiers attending a general hospital between June 1941 and April 1942, reported 17 cases of conversion disorders, two of whom being campylocornis. The two most important series available are the 19 cases published by Sandler (1947) between 1945 and 1947 and the eight cases collected by Stryk & Hubert (1946). In both samples 70-77% of cases are reported in Negro patients. Patients asepsitically described in Sandler's sample as having great resentment and hostility to the point of paranoia, although they are superficially polite and friendly. Explosive outbursts of aggression are often found, a fact also described in some of Hurst's cases, but not by any other of the authors mentioned. Although 17 out of the 19 soldiers in Sandler's sample were married, impotence was often found, and two-thirds of the patients had no children. There was a family history of backaches or campylocornia in 10 cases (10/10 fathers, 3/10 mothers).

Treatment during World War II did not differ very much from the original one proposed by Souches (1916): a plaster corset, psychotherapy and anaesthetic infiltration. As Walker (1928) describes it: "The patient is stretched out on a flat board like a butterfly in a show-card and kept in this position for about 18 hours of the day. He is securely fastened, and board and patient are bodily moved about from time to time in various planes... Gradually more and more time is spent in the vertical position."

Reviews after World II (Stryk & Hubert, 1946; Sandler, 1947) report improvement simply with some supportive psychotherapy and discharge from military service without any additional therapeutic measure. As Anderson (1941) pointed out, the literature regarding conversion disorders merged under the same heading three different phenomena: (1) conversion symptoms or reactions (2) transverse abnormal psychic states with alterations of consciousness and (3) hysterical character. Current classifications distinguish these three aspects but focus conversion disorders is a different way. On the one hand, there is a general agreement that a hysterical personality is frequent (15-25% of cases) but not a necessary component of conversion disorders (Shalev & Munit, 1986), with obsessive...
or schizoid personalities being found often, and normal personalities seeming to be the most frequent. On the other hand, some witnesses (Shales & Menias, 1986) point out that in a long-term follow-up, somewhere between 25% and 50% of all severe conversion disorders are ultimately diagnosed as suffering from some kind of neurological disorder, more than half being epilepsy. The classic distinction of conversion disorders as a symbolic representation of physical conflict in terms of motor and sensory manifestations have to be reconsidered. The constellation of motor and behavioural symptoms apparently associated in camptocormia are striking. In the broad field of conversion disorders it constitutes an especially puzzling entity that is probably destined to disappear before it is fully understood.

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References

*Bauza Pérez Sales, Jr. Clinical and Research Assistant, Regional Department of Mental Health, Island, Region I, Las Siervas, Nicaragua

Correspondence: Marques de Sentimental 66, 08029 Barcelona, Catalonia, Spain