

Camptocormia

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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 sometimes 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

sorts of 'hysterical' contractures for more than 20 years (Hurst, 1941).

Camptocormia (from *kamptos*, curved, and *kormos*, trunk) constitutes a rare psychogenic syndrome characterised by a frontal flexion of the vertebral column with passive dropping of both arms and a variable degree of genuflexion, producing a simian appearance. Unsteady gait is also often found. The first reports date from when Souques & Rosanoff-Saloff made exhaustive descriptions of French soldiers suffering from the disorder (Rosanoff-Saloff, 1916; Souques, 1916). In 1928 Walker reports "about 50 case records" in the literature. The post-traumatic nature of the disorder and the existence of secondary gains is emphasised in the first records. Belgrano & Giordano (1947), in a description of three cases, consider true pain as the starting point of the disorder, with secondary anti-algic bending, although they drew attention to the possibility of camptocormia in the absence of any irritating stimulus and due to imitation or suggestion. No case of conversion camptocormia has been reported to our knowledge since the end of World War II (Outes, 1956). A case is presented here of a soldier in the Nicaraguan army suffering from the disorder.

Case report

JMM, a 36-year-old man, was brought, tied up, to the emergency room of the Manolo Morales Hospital (Managua) by members of his family. JMM took an active part in the 1979 rebellions before the final general uprising of the Sandinista Revolution. He fought in the army for four years, during which he had suffered four episodes of severe craneo-encephalic trauma. There is no reliable information about the first three episodes, but the last, which provoked as the sequelae the postural abnormality, was due to the explosion of a mortar close to him. The shockwave hurled him over several metres. He remained unconscious for about two hours. He was not hit by shrapnel either on this occasion or previously, but suffered global concussion.

JMM presented with a severe kyphoscoliosis. His trunk was inclined 70° forward and his knees were bent at approximately 15°. He walked with small steps and wide swings of his arms. The psychiatrist was called after a violent, apparently dissociative, outburst in the emergency room. He had been extremely aggressive and threatened his family with a large knife. His mother explained that since his last injury, JMM had had sudden outbursts of rage. He remained in bed most of the time. His answers were always verbally aggressive. His current posture had first appeared more than a year before. In spite of this, his family explained that he slept in a normal anatomical position.

The physical and X-ray examinations revealed no damage to the vertebral column. There were no painful points in his back or legs. No pain was elicited by passive movements. The patient would not answer any questions and simply

shook his head slightly. He was diagnosed as suffering from a conversion disorder. Treatment was begun with carbamazepine (400 mg/day). An appointment was made for out-patient follow-up but neither the patient nor any family member returned.

Discussion

Camptocormia 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 them being camptocormias. The two most important series available are the 19 cases published by Sandler (1947) between 1945 and 1947 and the eight cases collected by Sutro & Hulbert (1946). In both samples 70–75% of cases are reported in Negro soldiers. Patients are subjectively 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 camptocormia in 10 cases (10/10 fathers, 3/10 mothers).

Treatment during World War I did not differ very much from the original one proposed by Souques (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 that position for about 18 hours of the 24. 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 (Sutro & Hulbert, 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) transient abnormal psychic states with alterations of consciousness and (3) hysterical character". Current classifications distinguish these three aspects but focus conversion disorders in 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 & Munitz, 1986), with obsessive

or schizoid personalities being found often, and normal personalities seeming to be the most frequent. On the other hand, some authors (Shalev & Munitz, 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 definition 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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