

August 27, 1969

TO WHOM IT MAY CONCERN:

Following the request of Mr. J. W. Stancil of the Board of Veterans Appeals to Dean J. F. Eagle, New York Medical College, the record of T. B. Monday, C-4462879 was received for review on 8/21/69. The record consists of depositions, military record and letters to and from V.A. claims offices.

Summary: Mr. Monday enlisted 3/11/44 at the age of 30. Examination showed a visual acuity defect, correctable to 20/40. During military service training, he claims to have suffered a fall on 5/22/44, breaking his glasses. He was discharged in June, 1944. A pension was awarded, which on review in 1947 was deemed to be in error, and rescinded, as the disability was viewed as not service-connected.

Claim: Progressive visual defect, aggravated by military service, and yielding a state now of virtual "blindness".

Questions: The psychiatric questions raised by the examiner, and posed to be answered on the basis of the record, are:

1. Does the veteran have a functional visual defect?
2. Diagnosis?
3. Is it probable that it advanced during military service (1944)?
4. Is the course of the disorder more than would be expected?

Data: The record is sparse with regard to psychiatric status. He is alleged to have completed high school; and to have managed a family type retail store prior to service.

Only one psychiatric examination was found, dated 3/25/69, from the V.A. Center, Mountain Home, Johnson City, Tennessee: "...except for the possibility of functional visual defect, he shows no recognizable evidence of neurosis at this time."

The depositions present a mixed picture - loyal friends and citizens alleging severe interference with vision since 1944; examiners finding a dissociation between his behavior (in store, street, daily affairs) and the examinations, which show severe bilateral acuity loss.

Opinion: The record presents no evidence for a hysterical, dissociated state; and lends itself to the interpretation that acting-out ("malingering") for secondary gain is likely.

The absence of a detailed psychiatric examination which supports such a diagnosis makes the following opinions tenuous.

1. The claimant may have a functional disorder - its rapid onset in 1944 and persistence for 20 years without outward evidence of organic progression are supporting evidence.

2. A psychiatric diagnosis is not possible on this record; although psychosis, as conventionally defined, is unlikely. The absence of evidence of neurosis, makes malingering as well as an organic state more likely.

3. A psychiatric state could have been precipitated during military service. The very nature of the stresses of service, the unconscious wishes to escape, the acceptance by society of physical disorder as justification for military failure, and compensation laws enhance and support the development of conversion phenomena and malingering. In addition, the culture from which Mr. Monday derives, may invest much in a credible, aggressive military service; and Mr. Monday's apparent "failure" could be excused, if it were medically derived.

A determination of the presence of a conversion reaction or "malingering" should be made by a psychiatric examination dedicated to such a determination. The record by F. A. Vesey (3-25-69) is incomplete for this determination, and a more detailed study may be advisable.

4. The course of the disorder is not unusual for conversion reactions or malingering., occurring in situations where secondary gains are derived from the continuation of the disorder - as is possible in this instance.

I am Professor of Psychiatry, New York Medical College, graduated from the New York University College of Medicine, 1945; licensed to practice medicine in New York and Missouri; and a diplomate in neurology and psychiatry of the American Board of Psychiatry and Neurology.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry