bloodvessels cannot be avoided, and every drop of blood is dangerous. One can incise the posterior column for a length of five or more centimeters with perfect safety.

Regarding the three patients who improved, two of them recovered entirely after the exploratory operation. He mentioned one case, a patient of Dr. Bailey's, who was in the New York Neurological Institute three or four times in the course of a year, who had been steadily getting worse. He was supposed to have a multiple sclerosis, with dissociated loss of sensation to the fifth or sixth dorsal level. He was very spastic. There was an indefinite sensory level, and at the patient's urgent request, an exploratory operation was done. The findings were negative excepting for a little irregularity of the cord itself. It is now four years since the operation, and for the last three years he has been perfectly well. Dr. Elsberg presented him to the New York Surgical Society a few months ago—that day he had taken a ten-mile run. For some months after the operation, his condition was not improved; from that time on, his symptoms gradually grew less. He is perfectly well at the present time, and examination fails to reveal any evidence of this former disease. This is a remarkable case, which we do not yet understand. Dr. Bailey and he had suggested that the results, in these patients—in whom nothing is found at operation, and in whom all of the symptoms disappear,—may be due to changes in the spinal circulation due to the entrance of air into the spinal canal. The fact that some patients are cured of their spinal symptoms by the mere laminectomy must be considered proven by their experience. Among seven cases, they had had three entirely recover after "decompressive laminectomy."

Dr. Patrick said another condition, quite different from these cited, for which laminectomy may be indicated is old *specific* meningo-myelitis. Last year in London he found that at the National Hospital a number of cases had been operated upon, sometimes with excellent results. In some of these cases it seems that the adhesions cause local collections of fluid comparable to cysts. Pressure from these collections causes part of the symptoms, which part is removed by operation.

Dr. A. S. Taylor said one is dealing with an inflammatory condition in a tissue which is confined in a connective tissue canal with a bony canal outside. The indications are to relieve pressure by decompression and drainage and get results in that way.

POST-LITIGATION RESULTS IN CASES OF SO-CALLED TRAUMATIC NEUROSIS, TRAUMATIC NEURASTHENIA, TRAUMATIC HYSTERIA: NATURE OF THE AFFECTION TO WHICH THESE TERMS ARE APPLIED

By F. X. Dercum, M.D.

Importance of the subject to the individual, the corporation and the community. Damages awarded are added to the cost of service, operating of plants and production generally. Eventual cost falls upon the community. Deductions drawn from 605 traumatic litigation cases personally examined and recorded for prosecution or defense; of these 126 consisted of physical injuries; unreal and unessential character of the symptoms in

the remainder; references to Babinski's views of hysteria; hysteria always an innate affection; always pre-existing in the individual; persistence of symptoms until final settlement; then subsidence and disappearance. In not a single instance within the writer's knowledge was rest treatment subsequently carried out. Brief reports of over twenty cases carried into the courtroom on stretchers or chairs at time of trial or "too seriously injured to be brought into court"; in all rapid disappearance of symptoms after settlement. Importance of the recognition of the truth by legislators. As a matter of fact the law should insure compensation for *physical injuries only*. Hysteria not evoked by physical trauma, but by fright and subsequent preparation for litigation. In Pennsylvania the law had already made an important advance; compensation for fright not allowed. If no damages are allowed for fright, damages for hysteria should also, and logically be excluded. Brief reference to conditions abroad.

Dr. Patrick said that a few years ago he with a group of physicians was going through a ward of the Salpêtrière with the attending physician, when they passed a woman apparently just winding up a hysterical fit. She was lying on her back diagonally across a bed, head and shoulders drooping over the edge, arms hanging down, disheveled hair sweeping the floor, face livid and puffy, eyes closed, the entire body frequently shaken by something like a convulsive sob. She was a sorry sight. And no one was paying the least attention to her. Patients were quietly knitting, sewing or reading; nurses going about their duties. The group of physicians passed without stopping and without comment. Presently one of them asked, "Hysteria?" "Yes," said the Professor. "What do you do for it?" "Nothing at all. In the old days when every phase of an attack was observed and recorded and the patients were frequently examined and demonstrated, they had their fits regularly and remained here for years; sometimes twenty or more. Now we let them severely alone and they are discharged in a few weeks." This incident, it seemed to Dr. Patrick, is pregnant with meaning, or a moral if you like, which each can readily grasp for himself.

His hope is that the members of this association will express publicly and generally to lawyers, legislators and the laity at large that these employers' liability laws, although they may be legal, sociologically expedient and even just, will add to the invalid list enormously, continuously and increasingly.

No one who has had the opportunity and taste to observe the huge host of invalids, invalidated and quasi-disabled of Germany, can help being deeply impressed by the tremendous burden carried by that nation; a burden that in his opinion must exceed their fearful military load. And we seem to be walking right up to that selfsame national calamity.

Dr. D. J. McCarthy said, in this, as in other questions, there is danger of wide, sweeping, broad conclusions which are not justified entirely by facts. He thought every one who is dealing with neuroses must necessarily, after years of litigation, find persistent symptoms. He has a patient who years after the accident, presents the results of these disturbances, the case having been settled years before in court. He quite agreed with Dr. Dercum in his main conclusions and had so testified in law courts in cases of hysteria—some of these cases might get well two or three months after litigation had ceased. The general attitude of the profession is, as Dr. Dercum has expressed it, towards those cases.

Dr. Adolf Meyer thought it is of the greatest importance that the association should take a clean-cut attitude upon this question because it is indeed a danger to the present civilization to allow this matter to be put on the mere ground of temporary economy and emotional reaction on the other end which is back of a great deal of legislation in favor of one class or the other. We are on the verge of a great deal of class legislation, probably more than anybody dreams of who has not seen similar things going on in other countries. He believed the bulk of it is produced by a certain amount of injustice which calls for complaint, just such as Dr. McCarthy has indicated. It is utterly unfair to say that one should have compensation remitted for physical injuries only. After all, what is "physical injury"? Why should we not acknowledge the "physical" character of serious shock? It no doubt would be convenient to eliminate from consideration those effects which might at times be questionable and too transitory; but excessive premtoriness will ultimately lead to over-compensatory legislation and emotional jury verdicts. It is urgent that we should make a strenuous effort to eliminate protracted litigation. Moreover, we should urge that in order to get any right to the time and privileges of a court, written reports of the medical findings in the cases be required. Without written reports we shall never get any foundation for a professional criticism of the work of the men involving themselves in this work, since physicians can too easily hide the most misleading and incorrect statements behind the claim of having made the objectionable statements in answer to hypothetical questions. If the reports are direct and in writing, we can hope to pillory and eliminate a certain type of expert.

Dr. Knapp said he should have less difficulty in accepting Dr. Dercum's conclusions in part, if he did not take quite such a pronounced position. If he found only one case out of 605 that did not improve, Dr. Knapp could accept his conclusions with a little more confidence, but as the whole 605 got well immediately, he thought that his attitude is certainly extreme. The whole question is one which has been treated with fundamental dishonesty, of course, not so much on the part of the medical profession, as on the part of the lawyers who are essentially dishonest on whichever side they are on. No lawyer can be honest. The plaintiff often goes into court against a bribed jury and with perjured testimony against him; certain corporations have been guilty of such conduct and they have been caught when attempting to influence juries. Dr. Knapp had reported a number of cases himself, and had followed out, not 605 cases, but a very considerable number after the award had been given,—he had had patients come to the hospital for treatment, who had suffered for several years after their cases were settled. He had seen and followed up a considerable number of such cases. In some attempts to study them obstacles were thrown in the way on all sides, by the railroads as well as by the attorneys. There are certainly cases that never make a complete recovery; some cases which have gone on and died; and others which, of course, improved and got entirely well. The startling recovery as soon as damages are paid is distinctly rare, the plaintiff sometimes has improved before the case is settled in court. He thought Dr. Dercum's position in the matter is certainly extreme. We ought to study our cases thoroughly and follow and investigate personally a certain number of cases. We should then know a great deal more about the matter than we do from the statements from the attorneys on one side or on the other. The present law in regard to employers'

liability which has been in Massachusetts for a short time, he had had very little personal experience with. It did seem to him it is opening the way to a considerable burden upon the community, although in some respects the burden of litigation is somewhat lessened. The suggestion that Dr. Dercum brought forward seems not only an exceedingly radical but absolutely unjust proceeding.

Dr. Fry said, a phase of this question occurs to one in reading articles similar to Dr. Dercum's, and in practical contract with cases, namely, the moral or liability side of it. The traveling public is not protected any too well at best. Furthermore, we all know that common carriers, and other corporations liable for damages, have today less fear of broken bones, and similar physical injuries than they have for so-called shock cases, etc. The effort on the part of corporations to prevent this latter kind of accident is responsible for much of the protection that we do get. This is an important consideration. We cannot afford to throw down bars of this kind in too rapid a manner. The matter must be gradually adjusted until something nearer to justice to both sides may be possible.

Dr. J. W. Putnam called attention to the fact that hysteria is not the only disease which has its origin outside of the spinal tract. Prior to an accident there is no physical evidence of injury being observed, but how rapidly can an ophthalmic goitre develop after the accident. It is a disease which we all know lasts a very long time, is not especially successful to treat and is not improved after money is paid over. We must remember that Dr. Dercum's plea that only physical injuries should be paid for will not apply to that class of cases. Traumatic insanity he had seen also, choreas he had seen, and so a good many conditions or nervous conditions which are of a functional character including Parkinson's disease, all due to accidents which caused no physical evidence of injury.

Dr. Pearce Bailey said, several years ago he might have agreed with Dr. Dercum in many of his conclusions, but from experience he had, had recently been inclined to agree with very few of them. Instead of hysteria being a menace to this country, in his part of the country it is rapidly disappearing from the courts, due to two reasons. One is—chief reason—the organization on the part of the railroads and the insurance companies. Both now have very expert physicians and adjusters who interview the injured people immediately after the accident; if no period elapses for the working up of revengeful feeling the traumatic neurosis will rarely develop. He had come to this view from his own experience and from conversation with representatives of most of the railroads in New York and of the insurance companies.

The question of fright as a cause of action is one of public policy. In no state, did he understand fright to be the cause of action. In New York, fright is a cause of accident when combined with some physical injury, and this ruling is effective in most of the states.

Locomotive engineers have hysteria and railway postal clerks are particularly susceptible to fright, and among athletes, particularly football players, Dr. Bailey had seen cases of functional disturbance. Recovery coming immediately after payment has been made, has not been his experience; in the majority of cases that have recovered, functional capacity for work has only been regained after a good many months, in some cases two or three years.

One question Dr. Dercum did not bring up at all which is extremely

important, and that is the cases in which the hysteria develops as an indirect consequence of the accident. The accident simply serves, as a means of subliminating, as it were, a functional nervous disease from which the patient already suffers. There are a great many examples. A woman was injured by the collision of a ferryboat about three years ago. She immediately fell down with the symptoms of paraplegia and from that time to this has never walked. Physical examination was made and showed the condition was not due to the accident at all. Her mother-in-law lived in the house and her life was very unhappy. She came under Dr. Bailey's care to the Neurological Institute for a number of months. The case was settled fully eighteen months ago. But the mother-in-law still lives in the house and the woman is still helpless.

Dr. Diller said, not very long ago, he went to considerable pains in examining one hundred damage cases which had come under his observation. His conclusions, in the main, were in accord with those expressed by Dr. Dercum. But he felt that Dr. Dercum's position is too extreme and that he does not make as many qualifications as should be made. In his own cases there was generally little or no improvement before damage claims were settled; but every now and then some improvement did occur and in very occasional cases this was considerable. There is a very great handicap in the way of treating these patients while a damage case is pending. Indeed in many cases the treatment is harmful rather than not. The patient not improving under treatment, blames his lack of progress on his disease rather than on his physician. And if he happens to be under a skilled physician, such as Dr. Dercum, this feeling is so much the stronger. He is fortified in the mental impression that the disease is severe and permanent since it resists all the efforts of such a competent physician. Seldom or never does a patient return to the office for treatment after damage claims have been settled; and one does not hear of these patients taking treatment of any sort. They appear to be discouraged and drift along doing as best they can. Dr. Diller sent out a number of circular letters and received quite a number of replies and reexamined quite a number of patients. He had Dr. Dercum's experience in that some patients resented these inquiries. He did not learn of a single instance where sudden recovery had occurred after damage claims had been settled. On the other hand, his conclusion based on a considerable number of patients examined and whose reports he received, was that there was, generally speaking, a gradual improvement after damages were awarded. This improvement was much more marked than before settlement. But he found several cases in which symptoms were quite marked, one, two or three years after the damage claims had been settled.

While mental and nervous symptoms, such as are commonly seen in damage cases, do not often occur after accidents where there is no claim for damages, yet they do occasionally; he had seen several typical cases of this sort.

While the law of Pennsylvania holds that no claim for damage can be maintained for symptoms resulting wholly from fright, yet if physical injuries do occur then mental symptoms resulting therefrom must be reckoned with. These are the symptoms with which we have chiefly to do in these cases. If A. B. is in good health, pursuing his usual occupation and is injured in a railroad wreck and afterwards suffers from many neurasthenic or hysterical symptoms, these must be fairly attributed to the accident. These

symptoms are as real as any and the individual is fairly entitled to damage claims. In nearly all cases seen by Dr. Diller, the patient exaggerated his symptoms, some moderately and some grossly, but he did not recognize a single clear-cut case of malingering. As to the exaggeration, one must recognize that this is a common tendency in all kinds of sickness. While it is perfectly true that many of these traumatic neuroses would never have occurred had the individual not suffered from a neurotic temperament, on the other hand such an individual might have gone on through life without showing marked nervous symptoms had it not been for the accident. He felt the company in such cases is entitled to pay damages, although they should not be excessive. There are two sides to this question and it cannot be settled offhand by any radical declaration.

Dr. Richard Dewey desired to ask Dr. Dercum whether the line of procedure he advocates with regard to personal injury claims if carried out would not have the effect of penalizing the nervously unstable for their own nervous instability. The consequences of shock or fright are certainly more serious in a neurotic person. This is a matter for which neither the corporation nor the injured individual is responsible. The effect of identical external condition will differ according to the physical and mental constitution. The fact that some persons make fraudulent claims does not change the reality of the genuine ones.

Dr. Knapp wished to correct a little misunderstanding. The law is essentially dishonest because it admits only those facts which comply with the rules of procedure, just as the doctor accepts only those facts which fall in with the accepted plan of salvation.

Dr. Dercum said he expected to meet with differences of opinion regarding this subject but the facts as to the outcome of litigation hysteria after settlement are such that they cannot be disputed. He could not confirm the statements of Dr. Bailey as to the disappearance of traumatic hysteria from the courts. Certainly this is not the case in Philadelphia in which these cases are numerous. It is important in studying a case of accident hysteria to bear in mind what he said in his paper with regard to the pre-existence of hysteria in accident cases. In the vast majority of these cases we have evidences unmistakable in character that the hysteria long antedated the accident. He might cite case after case to prove this point. In every instance in which the symptoms of hysteria failed to subside after settlement, as in the case cited by Dr. Bailey, special causes are at work as is clearly shown in Dr. Bailey's case.

(To be continued)