

IMPACT CONTUSIONS AND NERVE-TISSUE INJURY

DR. W. B. CADWALLADER presented this interesting subject with illustrative cases tending to show how very extensive nerve tissue injuries may result from impact devitalization without actual penetration of the brain, cord or peripheral nerves. In his first case the patient had a depressed fracture from a non-penetrating blow. There was hemiplegia and unconsciousness. Operation showed intact dura and no obvious injury to the brain but on autopsy a large area of softening was found without any evidences of direct injury. In a second case a machine-bullet lacerated the scalp and grazed the vertex, passing across from right to left. The patient became unconscious and paraplegic with the typical signs of an organic paraplegia, with some foot drop and other flaccid signs. The lesion was assumed to be in the paracentral lobules of both sides and the X-ray examination revealed no definite skull injury. Case three was a severe intraspinal lesion from a machine-bullet wound which did not penetrate the bone and was located against the vertebræ. There resulted however impact concussion and paraplegia and later death which autopsy showed was accompanied by swollen and softened cord tissues which on macroscopical inspection resembled the well-known impact contusion and softening. Another case report was given of similar injuries occurring on peripheral nerves. Here impact contusions can produce similar softenings without the nerve itself being involved in the injury directly. A number of interesting points along these lines was brought out by the speaker allying his work with that of older as well as more modern observers who have emphasized the importance of the same situation.

NEUROPSYCHIATRIC PROBLEMS AT THE FRONT

DR. J. H. W. RHEIN, major serving in the A. E. F., called attention to certain features among the American troops which he thought were sufficiently different from those reported as occurring among other soldiers to merit record. Hysterical manifestations seemed frequent among the English tommies while the officers seemed to show anxiety states more in evidence, whereas a large number of anxiety states seemed to be present with both soldiers and officers among the American troops. Hysterical manifestations seemed to be much less frequent, and few marked conversion hysterias were observed. Excessive fear reactions when handled promptly by removing from the front lines and treated by common sense measures with food rest and reassurance, passed away and nearly 70 per cent. returned to the front line within two weeks. Evacuation to the rear and consequent psychic contagion seemed to be most responsible for the major hysterical developments as well as the more fixed neuroses. They congregated in the base hospitals where they picked up new symptoms from the milieu. Shelling was the most im-