

## Original Articles.

NOTES OF CASES OF CRIMINAL ABORTION.<sup>1</sup>

BY F. W. DRAPER, M.D.,  
Medico-Legal Pathologist.

CASE I. Margaret O., nineteen, single, died October 6th, after an illness of eleven days. It appeared by the statements of the girl just before her death and from facts otherwise obtained, that having missed two catamenial periods, and believing herself pregnant, she induced her lover to go with her to a "magnetic" adventurer in a neighboring city, and to arrange for the induction of a miscarriage. These preliminaries having been adjusted, and a money consideration of fifteen dollars having been promised by the man, the girl went, by appointment, September 26th, and received her first "treatment." This operation consisted of the passage of "a current" through the womb, a tube like a rectal bougie being passed into the vagina, to cover and carry one pole, while the other pole was a wet sponge placed over the abdomen. After the application of the electricity had been made, the girl received an enema, and was given a pint of spearmint tea to drink. The electrical operation gave her much pain. A portion of the contract money was paid, and, after an injunction to the girl to keep silent as to the operation, she was dismissed. She returned to her home and began to flow the following night; this continued during the next forty-eight hours, but nothing recognized as a fetus came away. She went out on the fourth day after the operation; on the fifth day more pain and flowing kept her at home, but on the sixth day she went to her employer's store, and on the seventh day she attended church. On this seventh day she had chills, but she kept about and did not surrender to her increasing illness until the ninth day, when she went to bed, with much abdominal pain and recurrent chills. Next day she was seen for the first time by a physician, who found fully developed peritonitis, with a temperature of 105°, vomiting, tympanites without great pain or tenderness, constipation. She sank steadily, and died in the evening of the eleventh day after the operation.

**Autopsy.**—The body had been kept in ice, but there was no rigidity sixteen hours after death. The breasts were well-developed, without any pigmentation of the areolæ or enlargement of the areolar tubercles. A little thin, milky fluid appeared on the nipples when they were pressed. The abdomen was tympanitic.

The external genitals were rather swollen. A little dark, thin, fetid matter exuded from the vagina. The ostium vagina was not dilated. There were some superficial abrasions at the inferior end of the right labium minus and on the fourchette. The remains of the hymen were distinct.

The heart and lungs were normal.

There was general, acute, purulent peritonitis. In the pockets made by the agglutinations of opposing intestinal folds and adjacent visceral surfaces, thin, very fetid pus had collected, to the amount of nearly a quart. The blood-vessels of the peritoneum were everywhere injected, but the intensity of the inflammation appeared greatest in the pelvis.

The spleen, liver and kidneys were normal.

The stomach contained four fluid-ounces of dark,

grumous matter, of fluid consistency. The gastric and intestinal mucous membrane was of healthy aspect.

The pelvic organs were much agglutinated throughout their peritoneal surface. The vagina showed a discolored surface without any local sign of violence. The os uteri admitted the tip of the little finger; around this orifice were limited ecchymoses, and at the right angle was a small abrasion. The womb was perceptibly, though moderately, enlarged; its cavity was three inches deep, measured from the external os. The canal of the cervix was reddened. At the internal os were two excavated ulcerations, one anterior, the other posterior in situation; they were nearly alike in size, five-sixteenths of an inch in diameter, and one-eighth of an inch deep; their edges were ragged and irregular, with an outline nearly circular; the color of the base and edges was nearly black. A section of these ulcerations (which probably represented eschars resulting from the primary electrical operation) showed that they rested on a reddened tissue of uterine muscle one-sixteenth of an inch in depth.

The placental site was found as a raised and reddened area on the anterior wall of the uterine cavity, about one inch in diameter. The mucous membrane of the cavity was covered with gray, creamy pus. The uterine wall was from half an inch to one inch in thickness; section showed the sinuses well-developed.

There was double purulent salpingitis.

The right ovary displayed, on section, a typical *corpus luteum* of the size of a large pea.

The bladder was of healthy appearance.

The meningeal blood-vessels were injected. The brain was normal.

CASE II. Abby H. J., thirty, married four years, and the mother of a living child three years old, found herself again pregnant. Her first labor was not especially difficult, but it was reported that the attending physician had warned her that she ought not to bear any more children because she had a lateral curvature of the spine in the lower dorsal and upper lumbar regions. When she was a little more than five months advanced in the present pregnancy, she visited the office of Mrs. X., the successor in business of a notorious abortionist at that time in the hands of the law. Mrs. J. was under the escort of her husband at this visit, but she prudently left him on the sidewalk while she interviewed Mrs. X., and made an appointment for another call. A week later she went again to the office of Mrs. X., this time being accompanied by her sister. Except her pregnancy she was in perfect health. Mrs. X. took Abby into an inner room, leaving the sister in a waiting-room. In a few minutes, hearing some confusion in the adjoining room, the sister invaded its privacy and saw Abby flat on her back on the floor; there was no sign of life except a little gurgling noise in the throat. On the carpet by the patient's feet was a "silver thing, about five inches long, and of the size of a pencil." The sister, alarmed, went hastily to find and fetch the husband. On their return the doors were locked; but Mrs. X. soon appeared with a doctor whom she had called from his office nearly a mile away. The husband and sister were informed that Mrs. J. was dead; and when the husband asked how it happened, the reply was that Mrs. J. "sat down on a chamber vessel to make her water, and she suddenly went over on the floor." There was some talk about heart-disease and about the removal and burial of the body. But the husband

<sup>1</sup> This paper will appear in the Boston City Hospital Reports, Seventh Series.

and sister, on visiting an undertaker, received wise counsel, and on his suggestion informed the police, who promptly took action.

The body was found lying on its back, with the clothing loosened and the corsets off. There was some froth at the nostrils. The genitals were found uncovered, and the feet were separated to the extent of eight inches. In the room where the body lay was a variety of gynecological instruments, dressings and drugs.

*Autopsy.*—The body was examined eighteen and a half hours after the death, having been kept in a cold room during the last twelve hours of that period.

Rigor mortis was fully developed.

The tip of the tongue was engaged between the teeth.

The breasts were flat; the areolæ were pigmented; there was colostrum in the nipples.

The abdomen was prominent, and within its flaccid walls a large, soft, globular mass could be felt just above the pubes.

The external genitals showed no sign of injury. The vaginal orifice admitted three fingers. There was no vaginal discharge.

When the usual incision was made over the sternum, the divided blood-vessels gave vent to some dark, fluid blood, without bubbles.

In the pericardium there was half a fluid-ounce of clear, thin serum.

The heart was of normal size. The right auricle and right ventricle were distended. The left ventricle was firmly contracted. The wall of the right cavities was very elastic and yielding; no crepitation was felt under pressure. When a slight puncture, half an inch long, was made in the anterior wall of the right ventricle, there was a puff of air, without any odor; then some dark, fluid blood followed; and then some bloody bubbles, coarse and fine, welled out in large amount. The desirability of opening the heart under water was considered, but the advanced position of the organ, as the result of the spinal deformity, rendered this impracticable. The left ventricle was empty. The valves in both sides of the heart were normal in all respects.

The lungs showed some hypostatic reddening, but the general aspect was normal, and the anterior and upper parts were pale.

In the pulmonary arteries, in both lungs, were many bloody bubbles, even the smallest branches containing them.

The spleen, pancreas, esophagus, stomach and intestines were of normal appearance.

The liver and kidneys were somewhat injected; there was no appearance of bubbles in their blood-vessels.

The mesenteric vessels were injected, and some of them showed bloody bubbles through their walls.

The inferior vena cava and its branches displayed many air-bubbles, the vessels being inflated and showing alternating collections of bubbles and blood.

The aorta was empty.

The pelvic organs were carefully examined before their removal. The womb appeared as a globular tumor, of the size of a foot-ball; it extended nearly to the level of the navel. It measured eight and a half inches from os to fundus (externally) and six and a half inches in width. Its sinuses were prominent, standing out from the surface as elastic, cord-like

canals, through whose walls columns of air were plainly visible, and were displayed, to and fro, under light pressure. The color of the surface was pearly-white anteriorly, red laterally and posteriorly. Through the uterine walls, fetal limbs and outlines could be easily felt. The pelvic veins at each side of the womb contained air-bubbles.

The vagina was pale, and was free from all signs of traumatism.

The os uteri admitted the tip of the little finger. A small plug of yellowish, viscid mucus depended from the orifice. Around the external os, the mucous surface was abraded to a width of three-eighths of an inch, and showed some blood-stained bruising.

The bladder and urethra were normal. An incision carried along the anterior wall of the womb, from the external os to the fundus, exposing the following appearances: The canal of the cervix was reddened and bruised in its upper half; below this it was of natural aspect. The cavity of the womb contained a fetus in its unbroken amniotic sac. This was easily turned aside; on its posterior surface was an area two inches wide, which was blood-stained, and represented separation during life. A thin clot of blood lay between the membranes and the uterine wall; this clot was small, not above half a teaspoonful in amount. In the uterine wall itself, at this point, were four lesions: a rent, one inch long, was found just above the internal os, transverse in direction; immediately above this was another transverse tear, half an inch long, with the bridge of decidual tissue between the two rents raised and separated from the underlying parts; a quarter of an inch higher was a round abrasion of the size of a large pea; and, finally, an inch and a half higher, was a separation of the lower edge of the placenta, the laceration here being an inch and a half long and a quarter of an inch wide. The placenta was four inches in diameter, and occupied the middle uterine zone, posteriorly.

The uterine sinuses were fully developed in the muscular wall, some of them being larger than a goose quill. Air blown into one of them was observed to issue from the placental laceration above described.

The left ovary was of normal size and appearance; the right ovary contained a fully-developed *corpus luteum* of the size of a filbert; its centre was a decolorized pearl-white clot; its convoluted wall was one-sixteenth of an inch thick. The tubes were normal.

The amniotic sac held a male fetus, normally formed, eight inches long and weighing eight ounces.

The brim of the pelvis measured in its conjugate diameter four and a quarter inches, and in its transverse diameter, four inches; at the outlet, the antero-posterior diameter was four and three-quarters inches. Though slightly twisted from its normal planes, it did not present any obstacle to normal delivery at term.

The scalp, skull, meninges and brain showed nothing abnormal.

CASE III. Eliza M., nineteen, single, pregnant between three and four months, submitted herself to an operation, to induce a miscarriage, in the afternoon of December 1st, or the following morning. She remained at the house where the operation was performed. She flowed December 2d and 3d. She complained of lameness, pain in the head and fever on the 3d. On the 4th she was delirious. On the 5th a physician was called, who found the patient so dull and

"thick of speech" that he was unable to obtain any satisfactory statement from her. Her temperature was 102°; her pulse was 140. When he moved her limbs, or touched them for examination, she cringed with pain; but she would not, or could not, answer the simplest questions. Her knees were swollen. There was no vaginal discharge and no suggestive fetor. A digital examination was made; the os uteri admitted his finger. This condition aroused his suspicions, but he was unable to find any satisfactory evidence to corroborate them. Another physician was called in consultation, who, while sharing his suspicions, agreed with him in the diagnosis of "rheumatism with typhoid symptoms."

The stupor deepened into coma, and the girl died at 9.20 p. m., December 7th.

*Autopsy*, seventeen hours post-mortem: The body was well nourished. There was no cadaveric rigidity. The skin was pale. There was no sign of injury about the vulva. The ostium vaginae admitted two fingers. There was some excoriations of the nates and of the skin over the sacrum.

The heart was of normal size. On the anterior surface of the left ventricle, near the apex, was an area slightly raised, of a bright-red color, of irregular outline, which a dime would cover; it was superficial and did not involve the muscular tissue. The right auricle and ventricle were well-filled with partly-decolorized clot. The mitral valve admitted three fingers. At its right edge, the free border was reddened, slightly swollen and superficially ulcerated. Attached to this reddened border was a narrow, ribbon-like clot, whose free end trailed into the middle of the left ventricle, with firm adhesions here and there in the chordae tendinae. The aortic and pulmonary valves were normal.

There were two punctate ecchymosis in the pericardium.

The veins on the surface of the heart were injected.

The lungs were normal.

The spleen was enlarged to twice its normal size; it was softened almost to disfluence. In its substance were three infarctions, one occupying nearly one-third of the volume of the organs, the others being much smaller; they were all of a dull pale yellow, rather firm and homogenous, showing an irregular but distinct limiting periphery.

The stomach, pancreas and intestines were normal.

The liver showed no change except some limited areas of anemia beneath the capsule.

The kidneys were moderately swollen and softened. The cortex was pale, the medulla red. In the latter were numerous minute white foci, and in the right kidney was a large infarction, involving fully one-quarter of the organ, showing its base at the surface, beneath the capsule, and extending nearly to the pelvis of the organ, its limiting wall being marked by an irregularly defined reddish line, having the general shape of a wedge or cone with the apex at the deepest part.

There was no sign of inflammation or other alteration of the peritoneum.

The vagina was free from trauma.

The bladder was empty and of healthy aspect.

The womb measured three and three-fourths inches long and three and one-half inches wide. There was no sign of wounding. The os uteri admitted a finger; its edges were everted, red, bruised, but not greatly swollen. The cavity was empty. The mucous mem-

brane of the endometrium was covered with foul-smelling, thick fluid, reddish gray and easily washed away. The placental site was on the posterior wall, a raised and roughened area an inch and a half in diameter.

The Fallopian tubes were reddened externally, and their canal contained mucus, with some creamy pus toward their free ends.

The left ovary contained a *corpus luteum* of the size of a filbert; its wall was thick and its central cavity small.

The scalp and skull were normal. The blood-vessels of the meninges, both dura and pia, were fully injected, and the surface of the brain under the dura had a distinctly reddened aspect; on the surface of the left hemisphere, just behind the upper third of the fissure of Rolando, was a group of small red elevations with white points at their apices. Section of the brain found numerous *puncta cruenta*. In that part of the roof of the right lateral ventricle above the middle of the corpus striatum, deeply situated in the white substance of the brain, were two centres of disorganized tissue, softened to disfluence at their middle, without reddening, and without distinct limiting wall; each of these was of the size of a cherry. In the left hemisphere, in the white substance above the optic thalamus and about an inch from the roof of the lateral ventricle, was another centre of white softening like those just described. In the left optic thalamus, just behind its centre, was a well-defined infarction of yellowish color, rather firmer than the adjacent tissue, without any appearance of disintegration; its size was that of a large beech-nut.

CASE IV. Rosa A. L., thirty-four, single, died at five o'clock a. m., December 1st. On the 12th or 14th of the previous month (there is some uncertainty with reference to the day) she visited a "physician" for the purpose of having "a tumor" removed from her womb. November 22d, her neighbors first learned that she was confined to her bed by sickness, and that she was not having proper care; and on that day, as the result of their interest, a medical attendant was secured. What had occurred between November 14th and November 22d is not known. The physician learned from the woman that she had been suffering from "rheumatism," and had been in bed all the time for a week. He found much abdominal tenderness, a weak, irregular pulse, a high temperature, and constant nausea; asked about her menstruation, she said that she had been perfectly regular, and had just recovered from a monthly period. He made no vaginal examination.

Two days later, the first physician was dismissed and two others were called. To one of these the history of rheumatism was again related, with the additional fact that the abdominal symptoms had begun two or three days before his first visit. He found abdominal tenderness and distention; temperature 104°; right arm and both legs much swollen and very painful; persistent vomiting; suppression of urine.

At his next visit he was told of her delirium in the previous night; he found her unconscious; in other respects her condition was unchanged. He failed to ascertain any fact suggesting a recent miscarriage. Before his call the following morning she was dead.

*Autopsy*, twenty-eight hours post-mortem: The body was spare. The skin showed a marked sallow hue generally diffused.

The abdomen was moderately distended. Both knees were swollen. There was edema of the shins.

The heart was normal. The lungs were normal, with moderate hypostatic reddening. Some fresh adhesions of intestinal loops in the left iliac region were easily broken. Deposits of fibrinous exudate were found on the surface of the spleen, the liver, and along the intestinal loops in the left iliac region.

The spleen was enlarged to double its normal size; it was red and soft, showing two pale-yellow infarctions, irregularly cone-shaped, homogeneous, with narrow limiting red line at their periphery.

The stomach and pancreas were normal.

The intestines (about the middle of the ileum) showed four small infarctions, appearing as slightly raised red areas of the size of grape seeds; they were situated in the mucous membrane, and on section presented reddish-yellow contents.

The liver was enlarged; injected; with two infarctions, both in the larger lobe, each showing a dark, nearly black, irregular base within the capsule, and presenting, on section, a rather firm, cone-shaped, dark yellowish-red, well-defined area, with a narrow, reddish, limiting boundary line. In other respects the organ was healthy.

The kidneys were enlarged and soft; their capsules came away readily, leaving a smooth surface. Section showed numerous, minute purulent dépôts in the medullary portion, and some small infarctions in the cortex. The general aspect of the organs was pale. The anatomical elements were well-defined.

The great blood-vessels were of healthy appearance.

The condition of the blood was much altered by embalming fluid which had been injected immediately after the death.

The scalp and skull were normal.

The brain and its meninges were fully injected. At two points on the surface of the right hemisphere, on its posterior aspect, were small, bright-red, irregular areas, invading the cortex to the depth of one-eighth of an inch.

The vaginal mucous membrane was smooth, and showed some irregular reddish discolorations.

The uterus was five and one-half inches long and four inches broad, externally. On its surface was a deposit of fibrin, easily detached. There was no sign of trauma.

The os uteri admitted the finger easily; its edges were bruised, swollen and discolored.

The cavity of the womb was empty; its lining was covered with a grayish, quite dense deposit, removed with difficulty from the adjacent tissue; upon this exudate was a foul-smelling, dark-red fluid of creamy consistency. At one point on the left side of the uterine cavity there was a projection of the endometrium of the size of half a filbert; on section, a central, red, homogeneous, rather dense kernel was disclosed.

A placental site, two inches in diameter, raised, ragged, blood-stained, displaying placental elements, was found on the rear wall near the fundus.

The bladder was empty; it showed much reddening of the urethral mucous membrane.

The left ovary contained a *corpus luteum* of the size of a small cherry; its central cavity was obliterated by the development of a thick convoluted wall. The right ovary was normal.

CASE V. In a village more than fifty miles from Boston, a widow, forty-two years old, the mother of

two adult children, found that as the result of indiscretion she was pregnant. She had not lived with her husband for several years before his death, and it is inferred, but not proved, that an unmarried man, a neighbor, was a partner with her in pseudo-marital performances, the bitter fruits of which she alone was compelled to endure; from him she borrowed the money to pay the expenses of her journey to Boston. She left home under the false pretence that her purpose was to visit some friends in an adjacent town; her real purpose was to consult some abortionists whose advertisement she had seen, and to these Boston professionals she applied for treatment. A week after her departure from home a room was hired for her occupancy at a distance from the abortionist's office. A week later a regular physician was summoned to these lodgings to attend the woman, then very sick. To him she said she had a pain in the heart, attended with pain in the left arm. No physical examination was made, and on her death, shortly after this brief interview, the physician last called certified that "angina pectoris" was the fatal disease, and the body was hastily and cheaply buried under an assumed name, and with scant ceremony. The abortionist sought out the woman's friend and financial helper in the distant country village, told him what had happened to the widow, and counselled him to keep quiet till some time in the indefinite future, when proper papers would be sent to explain to the dead woman's children the cause of her mysterious disappearance. Two months later, the friend, uneasy and impatient because of the delay, wrote to the abortionist, reminding him of his promise. This communication fell into the hands of the Boston police department, and became the key which unlocked the entire plot of the tragedy.

The body was exhumed and identified. Decomposition had been diligent but not destructive. The face was covered thickly with a gray pulverulent mould. The soft parts were dry and shrunken. The eyes had disappeared. The hands and feet, like the face, were dry and mouldy. The odor was penetrating, and lingered long in the memory. There were no larvæ. The parts which were covered with clothing were not so far changed by putrefaction as to be of no use for definite conclusions. The breasts were flat, without areolar pigmentation; pressure upon the nipples caused a yellowish, creamy fluid to exude. The abdomen was moderately distended. The vulval mucous membrane was of a uniform dull-red color; there were no traumatic lesions. The ostium vaginae admitted four fingers.

The heart was of normal size; its aortic and pulmonary valves were translucent, elastic and entire; the mitral valve was normal; the cardiac cavities contained masses of altered blood-clot; the coronary arteries were of full size, with smooth, healthy walls.

The lungs were decomposed.

The spleen, stomach, pancreas, intestines, liver and kidneys were considerably altered, but showed no appearance reasonably attributable to disease. The stomach contained some small, broken masses of curdled milk; its mucous membrane was smooth and pale.

The womb was enlarged to the size of a large fetal head. Its color was light red. There were recent, easily-broken adhesions in the fossa of Douglas; in the act of separating these and removing the organ, a collection of pus was found, mostly gathered under

the left broad ligament; its amount was about half a fluid-ounce.

The vagina was dilated and reddened. At a point half an inch below the os uteri there was a group of four punctured wounds, round, admitting a large probe. A small catheter, passed into one of these punctures, took a direction upwards and backwards, and emerged in Douglas's fossa, just below the level of the os internum. The other punctures were explored, and found to be superficial.

The os uteri admitted two fingers readily, and three with a little forcing. Its tissue was shreddy, ragged, and blood-stained, and showed lateral tears extending nearly to the outer edge.

The womb measured seven inches long and five and a half inches broad externally. Its depth internally, from os to fundus, was six inches. Its cavity was empty, showing a dark-brown, nearly black surface, with the placental site raised, rough, three inches in diameter, placed posteriorly near the fundus. The wall of the womb was thick and pale.

The right ovary contained a *corpus luteum* of the size of a filbert; it had a thick, yellow, convoluted wall, and a central decolorized clot of very small dimensions. The left ovary was missing; in its place was a tumor of the size of a large plum, elastic, containing a quantity of thick, whitish fluid, a bunch of coarse brown hair, two incisor teeth (one lying loose, the other attached to the cyst lining), and other minute bony fragments.

The Fallopian tubes did not show any abnormal change.

The scalp and skull were free from disease or injury. Decomposition had so far affected the scalp that the hair came out freely on slight traction. The brain was diffuent, and showed advanced putrefaction, much beyond the degree apparent in any other organ.

These cases are examples of the anatomical problems which the abortionist supplies for the medico-legal pathologist. They illustrate the difficulties which obstruct the way to conviction and punishment. In nearly every instance the autopsy is helpful, but is entirely inadequate to prove that an abortionist's interference with the pregnancy was the clear cause of the death. The usual experience is that one finds satisfactory evidence of a recent miscarriage and of sepsis as its consequence; but the demonstration of an instrumental interruption of the pregnancy is wanting. The most that the medical examiner can declare, under these circumstances, is that his observations lead to conclusions which are consistent with the presumption that the miscarriage was induced by the careful passage of a catheter, or some similar instrument, into the womb; but that presumption must rest on data which must be found, if found at all, by detective skill of another sort. Too often the researches in this latter direction are baffled. It is sometimes possible to determine when and in what way the abortionist accomplished his or her work; but the identity of the criminal agent and the place where the act was performed remain impenetrable secrets. Even the dying declarations of the victims of the crime are subject to such exacting legal conditions that they often fail to have value as evidence; if the woman's mind is not unreservedly convinced that death is at hand and inevitable, if any hope of recovery, no matter how small, lingers and finds expression, then her statements are of no service as a help to convict the abortionist.

To this description of the circumstances which give the abortionist immunity, one exception should be appended. If, in the course of the passage of an instrument into the pregnant womb for the purpose of inducing an abortion, uterine sinuses are opened, and the accident of air embolism results (as in Case II) in the immediate death of the passive partner in the crime, the anatomical appearances have a chance to be of great value. They can show conclusively that the unlawful procedures which have been undertaken in the case were identified with the time and place of the woman's death, and they make the dead and undelivered woman as good a witness against herself and her abortionist ally as she could be if she were living.

#### REMARKS ON THE PROBABLE EFFECT OF EXPERT TESTIMONY IN PROLONGING THE DURATION OF TRAUMATIC NEUROSES.

BY MORTON PRINCE, M.D.,

Physician for Nervous Diseases to the Boston City Hospital.

WHILE listening lately to the expert testimony given in court in the suits of two cases of traumatic hysteria for which damages were claimed, and after hearing the terrible description which the expert for the plaintiffs gave of the present and future condition of the plaintiffs, the thought was impressed upon me that it was scarcely possible that such statements, given in the presence of the invalids, could have other than a powerful influence in delaying the recovery from the disease. It would seem to be rational, judging by all that we know of hysteria, that here was a factor entirely extrinsic to any hypothetical changes in the nervous system and not an essential element in the disease itself, that must have a very strong influence upon the final result in such cases and may be the reason why some of them pursue an unfavorable or protracted course after litigation has ceased.

One of the cases I have just referred to was a typical one of traumatic hysterical paralysis in the male. I think that no two neurologists would have differed in opinion in regard to the nature of the disability. There were present all of the well-known hysterical stigmata, such as anesthesia, amblyopia, contraction of the field of vision, color-blindness, changes in the reflexes and so on. The experts for the plaintiff, who, it may fairly be said did not claim to be experts in nervous affections, maintained that the patient was suffering from an organic injury of the brain, and described with considerable vividness the nature of the lesion, which was called a peppering of the brain with hemorrhages, in consequence of which the tissue was destroyed; consequently, it was said, it was impossible for the plaintiff ever to recover the use of his paralyzed leg or to regain the use of the other injured functions. The effect of this upon the plaintiff, as I watched him listening attentively to this pessimistic description of himself seemed to me to be apparent.

The second case was that of a girl, who also had hysterical monoplegia with the usual stigmata; in this case also there was no question on the part of the neurologists engaged as experts on both sides of the case regarding the nature of the disability. But two other experts for the plaintiff held a different opinion from that of the neurologist, with whom they were associated for the plaintiff, and claimed that there had been a severe meningitis, and in almost eloquently