

proper regime can be carried out. So far as the admittance of cases is concerned, I do not think that the state has any right to refuse apparently favorable cases because they chance to have laryngeal lesions, but should provide proper facilities for their treatment.

The state of Massachusetts has the largest and probably the best equipped tuberculosis clinic in the world. Statistics and carefully tabulated information on all phases of the tuberculosis problem should come from such an institution for the information and guidance of the mass of the profession. Its annual medical reports should be real contributions to the literature of tuberculosis, and not, as now, a mere statement of the number admitted, number discharged, arrested, improved and not improved. Monographs covering the questions of diet, hemoptysis, the various medicines which are advantageous; in fact, the various phenomena of the disease should be regularly published as parts of such reports. If that were done, in a few years a series of the reports would be a valuable library on tuberculosis, useful to every physician, while at the present time the medical reports are practically worthless so far as being of any use to the profession in general is concerned.

At least one of the resident physicians of the state sanatorium should be a trained laryngologist with a sufficiently good laryngeal technique to do whatever may be necessary in the way of treatment or minor surgical operations, and the initial examination by the examiner for admission should not be considered complete until a careful examination of the larynx has been made, and no person should be considered a proper candidate as an examiner for this institution who is not himself either qualified to make such an examination or who is not willing either at his own expense or at the patient's to have such an examination made by a competent laryngologist. Until this is done, mistakes will be constantly occurring, and a valuable aid both in prognosis and treatment will be lost.

At the meeting of the British Medical Association, to which I have already referred in the quotation from Dr. Jobson Horne, Mr. Harold Barwell, of London, read a paper on "The Choice of the Method of Treatment in Cases of Tuberculous Laryngitis, With a Plea for the Routine Inspection of the Throats of Consumptive Patients," the conclusion of which is so entirely in accord with my own feelings in regard to the subject, that I wish to quote it entire as my own conclusion.

"Although tuberculous laryngitis is found principally in an advanced stage of pulmonary phthisis, yet it occurs much more often at an early stage of consumption than is believed by the profession in general. Then, again, the disease not uncommonly leaves the cords at first unaffected, and may reach a somewhat massive degree of infiltration of the arytenoids before causing dysphagia, so that it may, and often does, give rise to no symptoms whatever until it is considerably advanced. For these three reasons: because it is common in all stages of

phthisis, because it may cause no symptoms to attract attention, and because the early stages are much more amenable to treatment, and also because it produces one of the most painful and distressing forms of death—I most strongly urge that all cases of consumption should have their larynges inspected at regular intervals and as a matter of routine."

ACCIDENT LITIGATION—THE POPULAR "GRAFT."

BY FRANK C. RICHARDSON, M.D., BOSTON,
Professor Clinical Neurology, Boston University School of Medicine

WHILE the American public has recently been interested in following the revelations of "graft," political and corporate, there has crept insidiously over the country, unnoticed save by its victims, a form of graft not only threatening the financial welfare of some of our larger business interests, but especially pernicious in that by reason of its temptation to conscious or unconscious perversion or exaggeration of fact, it is damaging to the moral integrity of the masses who are its most frequent perpetrators.

I refer to the wide-spread and constantly increasing demands for exorbitant sums as compensation for real or fancied injuries resulting from alleged negligence of corporations or individuals. There can be no doubt that the mechanical age in which we live, the haste of modern civilization, the enormous traffic of our common carriers, all tend to largely increase the liability to accident. Neither can there be question that those concerned in enterprises involving risk to others should be made to pay for any neglect of duty in safeguarding the health and life of those under their care. Nevertheless, one must to-day stand aghast at the wholesale litigation which seems almost epidemic.

The rapid and steady spread of the accident litigation mania is well illustrated by the somewhat startling statistics obtained by E. Parmelee Prentice, from an examination of the records of the Chicago courts. In 1875, there were altogether about 200 personal injury suits pending in Cook County. During the first six months of 1890 the number of these suits brought in Cook County was 346, the total damages claimed being \$2,814,860. During the corresponding six months in 1896, the number of such suits brought in Cook County was 893, and the total amount of damage claimed was \$13,510,000. It would be reasonable to assume from these figures that there are now pending in Cook County 3,600 of these cases, and that the damages claimed are between \$50,000,000 and \$60,000,000. Of course this enormous increase is out of all proportion to the increase in the number of accidents.

As illustrating the extent of the epidemic in our own territory, let me quote from a letter recently received from Mr. Russell A. Sears, General Attorney for the Boston Elevated Railroad, in courteous response to my inquiries. He writes: "The average cost to this company

of accidents per year is one-half million dollars; it varies somewhat between \$400,000 and \$600,000. This is the bare sum which is paid out to claimants and does not include the expense to which the company is put in the preparation and defence of claims and suits.

"In answer to your further question as to the amount involved in pending suits I am not able to answer very definitely. I am more than conservative, however, when saying that the *total amount claimed* by plaintiffs against this company alone exceeds the sum of ten millions of dollars. As this company probably is called upon to settle and defend about a quarter of the entire claims and suits pending in this county, you can easily see the immense amount involved in suits now awaiting trial — according to my estimation not far from fifty millions of dollars."

Equally startling statistics are available of sums paid in other cities as compensation for personal injuries. Mr. Chauncey S. S. Miller, of the Casualty Company of America, tells me that while some of the claims departments of large corporations are rather loath to divulge information regarding the amounts paid in settlement of negligence cases, fearing that it may lead to more and greater claims, they, generally speaking, believe that publicity is the best possible remedy for the evil.

I will not weary you, however, with further statistical evidence of the alarming prevalence of this popular extortion. Its practice constitutes a wrong, the responsibility for which the medical profession must in no way be induced to share — neither by the importunities of patients nor of lawyers.

It may not be known to you that there are law offices organized to solicit business, with a corps of retainers expected to distance the doctor and the coroner, printed contract in hand ready for prompt execution by simply filling in names and dates. Who has not heard of ambulance chasers? If a definition is necessary let me quote from an annual address of the president of the Medical Society of the State of New York: "There are lawyers," he said, "known to the bar as ambulance chasers, who have runners constantly on the watch for accident cases of which they learn through the daily papers. These unscrupulous members of the bar, with the aid of equally unscrupulous members of the medical profession, rob corporations of thousands of dollars every year."

Within a few months the following item was widely published in the public press: "A priest has handed \$550 to the manager of a New York city railroad company saying, as he did so, 'The money was obtained from you in a damage suit by one of my parishioners, who has confessed to me that a lawyer coached her and induced her to perjure herself. Her conscience troubled her, she confessed to me and asked me to return the money.'"

While the influence of the unprincipled lawyer in the promotion of this popular "graft" is well understood, and while, I fear, it is too often true

that he finds a useful accessory in the complacent doctor who, instigated by sympathy or imbued with the common belief in the legitimacy of accident litigation, encourages his patient to build up an imposing symptom complex, let me hasten to assert my belief in the rarity of physicians who resort to deliberate deception or misrepresentation of the matters under consideration. I have no doubt, however, that many times physicians whose efficiency and honesty are absolutely above suspicion, prompted solely by a desire to arrive at all the facts of the case have, by a series of well directed questions, prepared the basis for a suit such as is often brought. Once involved as a participant in litigation they too often become partisan and too rarely view the facts with a calm intelligence, but rather, influenced by what has been described as "the instinctive tendency of the imagination to dramatic unity and completeness," are led to the unconscious perversion of facts to fit some preconceived theory or idea. This mental attitude is reflected upon the patient and the mischievous influence is complete.

It has been well said that men think in herds. The imitative tendency of communities is well known and it has become the fashion to consider corporations or responsible individuals legitimate sources of revenue, whenever and however the extortion can be consummated. This mental attitude has spread, until, by reason of limitless example and natural avarice, the public conscience has become seared, and the recipient of the slightest injury immediately sees visions of ingots dance before his eyes; the litigation obsession lays hold upon him, and autosuggestion soon furnishes a train of symptoms sufficient to favorably impress a sympathetic jury.

I am not now referring to actual malingerers. After eliminating intentional accident fraud it is certain there remains a large class of cases without history of material injury, the symptoms of which can justly be attributed to suggestive influence, and a word of caution seems timely lest through failure to appreciate the true character of the situation our physicians carelessly lay themselves open to the imputation of collusion with the corrupt circle of grafters.

The aspect of accident litigation has entirely changed since the days when damage suits were always brought for material injuries. The loss of an arm, leg, or an eye, and similar results of violence were unmistakable and afforded real evidence upon which to base a demand for damages.

In recent years, however, it has become legitimate to expect compensation for less tangible suffering, and a large proportion of claims are based upon purely subjective symptoms of nervous character. Mr. Russell A. Sears informs me that the large majority of all suits brought against the Boston Elevated Railroad are based on claims of various nervous complaints.

There can be no doubt as to the actual existence and the, at times, serious nature of functional nervous conditions produced by trauma. Neither

can we question that the profound mental emotions aroused by the special features and incidents attending an accident, may, of itself, without the addition of physical injury, be the cause of more or less immediate hysterical or neurasthenic manifestations. Nor should we forget that truly hysterical persons are sufferers and not impostors. Bearing in mind these facts, it is, nevertheless, patent to one having opportunity for observation, that the litigation habit based upon functional nerve disturbances has far outgrown all legitimate proportions, and that awards for damaged nervous systems are frequently a ridiculous travesty upon justice.

Neurologists are now practically agreed that a special form of neurosis excited by trauma does not exist, but the term "traumatic neurosis" has come to be generally applied to this particular class of cases and will be used in this paper simply as a generic designation under which to classify the functional nervous disturbances most often found resulting from trauma, namely, hysteria, neurasthenia, hypochondriasis and their combinations.

Litigation is undoubtedly a potent causative factor in the production and prolongation of these functional neuroses, but those cases where it is the chief cause present symptoms, according to my observation, of a much milder grade and can usually be distinguished from those resulting from actual injury.

The object of this paper is to point out the possibility and importance of differentiating these "litigation psychoses," as they have been termed, from what may be called true traumatic neuroses, and thus avoiding the danger of contributing to injustice either to claimant or defendant.

The all-important question, and one often most difficult to decide, is whether the patient actually believes himself to be as ill as he claims to be. It will frequently become your duty to discriminate between unconscious exaggeration and that variety of exaggeration which is the outcome of avaricious desire for litigation graft. This problem is by no means easy of solution. Under most favorable circumstances subjective symptoms are not always trustworthy. In litigation cases in which there exist the strongest motives for exaggeration or deceit it is imperative that the physicians be cautious about too unreservedly accepting the patient's statements; and, in my opinion, one unmistakable objective sign is of more value than all the purely subjective symptoms. Fortunately we have a sufficient number of objective tests to enable us to arrive in almost all cases at fairly definite conclusions, and when no objective evidence is found there is every probability that the patient's suffering is at most but slight.

Hysteria as a distinct disease, with its palsies, contractures, convulsions and the like, rarely results from trauma. When it owes its origin to injury it is usually of mild grade and almost always associated with marked neurasthenic symptoms. The majority of so-called "traumatic neuroses" are made up of this combination of

mild hysteria and more or less pronounced neurasthenia. While occasionally isolated grave symptoms may be found, the physician will, in most cases, have to depend for his positive information upon a group of less tangible objective signs to which I wish to call attention.

I have recently tabulated one hundred medico-legal cases which have come under my observation, selecting for this purpose those based upon functional nervous disturbances as the chief cause for complaint. I shall not at present inflict upon you a complete analysis of these cases, but I think you will be interested in certain facts elicited, as bearing directly upon the subject under consideration.

The prominent objective symptoms of traumatic neurosis as revealed by my tabulation are, exaggeration of deep reflexes, rapid pulse, tremor, vasomotor disturbances, loss of weight, irritable heart and motor weakness.

The most constant symptom was exaggeration of deep reflexes, it occurring in 69 of the 100 cases. While loss of knee-jerk is probably never the result of functional disease, exaggeration is the rule. The increase affects the two sides equally. A slight exaggeration cannot be regarded as of any particular significance and the best judgment should be exercised in interpreting the results of tests. In all the cases tabulated these tests were carefully made, checked by counter tests, and only actual increase credited. Under these conditions exaggerated knee-jerk, especially if associated with other symptoms, lends confirmatory evidence as to the existence of morbid functional states.

In 51 of the cases under consideration the pulse rate was 90 or higher; in 26 cases it was 100 or higher. Rapid pulse, although an objective sign, is not necessarily an evidence of disease. In most people the heart becomes more rapid at the time of examination and this is especially true in persons of nervous temperament. This symptom, therefore, is important only when consistent with others presented.

Tremor was observed in 43 cases and was either general or localized as in the head, tongue, or hands. The tremor commonly found after accident is fine, becomes somewhat increased on intended movements, and is much intensified by emotional influences and by fatigue. Very occasionally it is found to simulate the tremor of paralysis agitans or the coarse intention tremor of multiple sclerosis.

Vasomotor disturbances occurred in 43 cases and consisted of flushing and paling, dermatographia and diaphoresis, local or general.

Loss of weight was reported in 41 cases, and varied from ten to forty pounds. Loss of weight is usually the result of malnutrition and is, as a rule, a late manifestation. Occasionally, however, it is sudden and rapid, probably in consequence of an abnormal expenditure of nervous impulses incident to shock.

Irritable heart was present in 29 cases, and consisted of degrees of variability from simple arrhythmia to severe tachycardia. Cardiac irregu-

larity is, of course, unmistakable and far more significant of nervous disturbance than simple increase of pulse rate.

Marked general weakness was found in 28 cases. While the functional paralyses seldom follow accidents we not infrequently find the vitality of the whole muscular system very much lowered. Actual muscular force seems only slightly impaired, but the weakness is rather shown by the quickness with which the muscle becomes fatigued. For example, the dynamometer grasped successively a number of times registers less and less as muscular power becomes exhausted. This fatigue cannot be referred to the muscles alone, but is evidently shared by nerve cell, nerve fibre and muscle cell, and thus becomes a truthful expression of the general condition of the nervous system.

I purposely omit mention of the more rarely found manifestations of hysteria, such as anesthesia, hyperesthesia, contractures, spasms, palsies and contracted visual field, preferring to confine your attention to the commoner objective signs of traumatic neuroses which serve as an aid to differentiation and require no special knowledge beyond that of the general practitioner.

In 63 of the 100 cases tabulated there were present three or more of the above detailed symptoms. There was found to exist usually a marked correspondence between the severity of the subjective symptoms and the number of objective signs, the fewer of the latter being present the less severe the sensory manifestations. But 17 of the 100 cases failed to show any objective symptoms. These were regarded as examples of litigation psychoses, which opinion was corroborated by other than medical aspects of the case, and in most of them confirmed by their ultimate outcome.

From a considerable acquaintance with personal injury cases, generally, too, from the view point of the plaintiff, it is my opinion, strengthened by an analysis of these tabulated cases, that without the corroborative proof of objective symptoms, we are, in the great majority of accident neuroses, justified in regarding the alleged injury as willfully exaggerated or as belonging to the so-called litigation psychoses. I permit myself some reservation because I realize that not only is it possible for mild grades of neurasthenia and hysteria to exist without objective sign, but also that long continued mental anxiety and worry attendant upon litigation may provoke hystero-neurasthenia severe enough to cause objective symptoms. I believe, however, that such instances are rare and will serve simply as the exceptions going to prove my rule.

Even were the exceptions many we must welcome any rule that will, in the least, aid us to detect willful fraud or self-deception and to check the growing evil of accident litigation, an evil the reform of which is acknowledged to be a necessity.

Speculative litigation is at present such an important branch of law practice that little aid

in effecting such reform is to be expected, I fear, from the legal profession.

It is largely to the medical profession that we must look for relief from this as from so many other ills.

There can be no more potent factor in influencing the process of litigation than the attending physician. It is to him that the patient turns from the importunate lawyer for advice. His testimony is a necessity in every court trial. Upon him rests largely the burden of correctly representing and interpreting the facts of the case. With such responsibility confronting him it is imperative that he should be most thorough in his investigations. He should keep constantly in mind that his function is scientific and not commercial. He must in all cases assume an attitude which is not sympathetic, but critical. He should be on guard against imposture of whatever kind,—whether it is the claim of injury where it does not exist, or the exaggeration of real injury, or the allegation that a pre-existing disability has resulted from the accident. Ever bearing in mind the pernicious effect upon his patient (morally and physically) of the vexations and annoyances inseparable from damage suits, he should do all in his power to favor an early adjustment of the claim. He must beware of the persuasive eloquence of mercenary lawyers and of the solicitations of interested relatives and friends. He should never be tempted to sacrifice dignity and honor for the sake of gain. In short, he should never lose sight of the high scientific and ethical standard of the medical profession which it is his duty to maintain, and in so doing he should avoid even the appearance of participation in litigation "graft" and so conduct himself in his relation to these cases that he is free from suspicion.

Clinical Department.

TYPHOID PERFORATION: OPERATION: RECOVERY.

BY FREDERIC J. COTTON, M.D.

WILLIAM S., age thirteen. He had been in the City Hospital nine days previous to my seeing him, under charge of Dr. Henry Jackson. Had been ill for six days before entrance. During these nine days he had been running an ordinary typhoid course, with temperature suggesting a slightly longer duration of illness before entrance than was given in the history. Had been dull, semi-comatose, without abdominal pain or special distension. On entrance the white count was 6,300, Widal reaction was negative. Six days later the urine showed a very slight trace of albumen with a few casts. Two days after this a peculiar puffiness of the eyes and face was noticed without other special symptoms.

About noon on June 24, 1905, the boy, who had been as usual on the morning visit, complained of abdominal pain; apparently this was sudden and rather severe. It continued in the afternoon, but at that time the house officer examined him and found no abdominal spasm and nothing definite could be made out except some restlessness. Late in the afternoon there began